STAYS IN FILE

2 pgs 201980766

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.

BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

Wednesday, June 5, 2019, 5:30 p.m.

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

AGENDA*

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

1. Consider and approve the minutes of the April 10, 2019 and May 15, 2019 meetings of the Central Health Board of Managers Strategic Planning Committee. (*Action Item*)

2. Receive and discuss an overview of Central Health Enterprise activities related to the social determinants of health. (*Informational Item*)

3. Receive and discuss a presentation on Medical Access Program enrollee interview results. (*Informational Item*)

4. Receive and discuss an update on Communications and Community Engagement activities and initiatives. (*Informational Item*)

5. Receive and discuss the FY 2019-2024 Strategic Work Plan. (*Informational Item*)

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

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 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 this meeting and requires auxiliary aids or services should notify Central Health as far in advance as possible, but no less than two days in advance, so that appropriate arrangements can be made. Contact Emily Farris by telephone at (512) 978-8038.

Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 31st day of
May 2019.

Dana DeBeauvoir
County Clerk, Travis County, Texas

By _____ Deputy

D. CAMPOS JR.

FILED AND RECORDED
OFFICIAL PUBLIC RECORDS

Dana DeBeauvoir

Dana DeBeauvoir, County Clerk
Travis County, Texas

201980766

May 31, 2019 01:40 PM
Fee: $0.00 CAMPOSD

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

June 5, 2019

AGENDA ITEM 1

Consider and approve the minutes of the April 10, 2019 and May 15, 2019 meetings of the Central Health Board of Managers Strategic Planning Committee.

MINUTES OF MEETING – APRIL 10, 2019

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

On Wednesday, April 10, 2019, the Central Health Board of Managers Strategic Planning Committee convened at 5:34 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

Committee Members present: Chairperson Greenberg, Manager Jones, Manager Museitif, and Manager Valadez

Board Members present: Manager Oliver, Manager Zamora and Manager Bell

REGULAR AGENDA

1. **Consider and approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:**
    a. **March 5, 2019.**

Clerk's Notes: Discussion on this item began at 5:34 p.m.

Manager Valadez moved that the Committee approve minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:
    a. March 5, 2019.

Manager Museitif seconded the motion.

Chairperson Greenberg	For
Manager Jones	For
Manager Museitif	For
Manager Valadez	For

2. **Receive and discuss an update on the 86th Texas Legislative Session and Central Health's proposed legislative priorities[1].**

Clerk's Notes: Discussion on this item began at 5:34 p.m. Ms. Perla Cavazos, Vice President of Government Affairs for Central Health, presented an update on the current status of the legislative session to the board members. Ms. Cavazos focused on the current tax cap bills, the physician hiring bills, the status of LPPF, bills affecting community health centers, mental and behavioral health, women's health, and the Medicaid waiver bills.

No action was taken on item 2.

3. **Receive and discuss an update on Communications and Community Engagement activities and initiatives.**

Clerk's Notes: Discussion on this item began at 6:03 p.m. Mr. Ted Burton, Vice President of Communications for Central Health, introduced Belmont Icehouse representatives who conducted analysis on public outreach and surveyed key stakeholders in the community to research Central Health. Key elements discussed were the role and experience with the Central Health Enterprise, the mission and positioning of the Central Health Enterprise, Central Health Enterprise perceptions, naming convention, logo designs, key messaging, and branding components that should not be changed. Mr. Mike McKinnon, Communications Solutions & Innovation Manager for Central Health, and Ms. Cindy Brummer, with Standard Beagle, presented their assessment of the Central Health that included feedback on the ease of maneuverability and user-friendliness of the site. Members noted that the website needs to focus on any

language barriers that patients may face when trying to access the site. Members also requested that Belmont Icehouse survey non English speaking patients to be included in research in regards to community outreach.

No action was taken on item 3.

4. Receive and discuss an update asset mapping related to the social determinants of health.

Clerk's Notes: Discussion on this item began at 6:44 p.m. Ms. Vanessa Sweet, Strategy Manager for Central Health, and Mr. Preston Poole, an intern for Central Health, presented the development of a comprehensive inventory and asset map of social services, that is underway in Travis County, including projects within the Central Health Enterprise organizations. This work includes tracing funding, starting with the amount of federal dollars sent to Texas each year, following the funding to the local level and then social service providers. Some private funding through foundations is included. The intent of this research is to present a comprehensive picture of social services serving Travis County residents and the funding sources for these programs. Services for the homeless will be highlighted in future reports, per the request of the Board.

No action was taken on item 4.

5. Receive policies and practices of other Texas Hospital Districts specific to a proposed funding resolution related to the development and delivery of future programs and services with non-clinical partners.

Clerk's Notes: Discussion on this item began at 6:57 p.m. Mr. Mike Geeslin, President & CEO of Central Health, updated the members on the research that staff is conducting on equitable policies and practices in place at other major urban Texas hospital districts. Priorities for the research include: living wage policies as part of contracting requirements and RFP analysis; cultural competency requirements; workforce and leadership diversity requirements; and translation service requirements. The systems being interviewed include Parkland, Harris, University Health in Bexar County, and El Paso County Hospital District. Departments being interviewed include population health, human resources, procurement, and government relations. A summary of the findings to date is included in the attached Equity Policy Research Memo Backup. Central Health staff conversations with comparable districts include sharing practices around social determinants of health (SDOH) work. The findings are being summarized into an inventory. There is discussion on creating a learning collaborative among Central Health and these major hospital districts specific to SDOH. Most of the hospital districts interviewed are in the exploratory phase of this work, similar to Central Health. Notably, CommUnityCare appears to be more advanced in the use of community health workers (CHWs), having integrated CHWs into the care team.

No action was taken on item 5.

6. Receive and discuss Strategy 2.5, *Brain Health*, within the Fiscal Year 2019-2024 Strategic Work Plan including the strategy reporting schedule, strategy sheets, and related measures or dashboards.

Clerk's Notes: Discussion on this item began at 7:10 p.m. Ms. Sarah Cook, Senior Director of Strategy, Communications & Population Health for Community Care Collaborative, presented to the members an update on our status with contracting based around brain health. Partnerships include Integral Care, providing inpatient psychiatric care through a network of hospitals, crisis and extended observation services at the Judge Guy Herman Crisis Center, crisis residential services at The Inn and the Respite Recovery Center. Ms. Cook also reviewed primary care contacts, the DSRIP program, medication assisted treatment, and SIMS foundation.

No action was taken on item 6.

7. Receive and discuss the Fiscal Year 2019-2024 Strategic Work Plan milestones achieved during the second quarter of Fiscal Year 2019.

Clerk's Notes: Discussion on this item began at 7:22 p.m. Mr. Geeslin provided the members with a brief update to ensure transparency and accountability of Central Health's work toward achieving the objectives in its 2019-2024 Strategic Plan. Quarter 2 milestones of the 2019-2020 work plan were reported by executive leadership at the end of March 2019. These Milestone Review Memos reflect the work and challenges in achieving the Quarter 2 milestones, and next steps for the following strategies:
Strategy 1.1 - Service Location & Care Delivery
Strategy 1.2 - Population Health - Social Determinants of Health
Strategy 1.3 - Communications
Strategy 2.1 - Patient Wait Times
Strategy 2.2 - Patient Reported Outcomes & Experiences
Strategy 2.3 - Women's Reproductive Health
Strategy 2.4 - Technology & Data
Strategy 2.5 - Brain Health
Strategy 2.6 - Cancer Care
Strategy 3.4 - Brackenridge Campus

Quarter 3 milestones will be reported to the Central Health Board of Managers at the first Strategic Planning Committee following the end of the third fiscal quarter.

No action was taken on item 7.

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

Clerk's Notes: Discussion on this item began at 7:25 p.m. Chairperson Greenberg announced that the next Central Health Board of Managers Strategic Planning Committee meeting will be on May 15, 2019 at 5:30 p.m., at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Manager Valadez moved that the Committee adjourn. Manager Museitif seconded the motion.

Chairperson Greenberg	For
Manager Jones	For
Manager Museitif	For
Manager Valadez	For

The meeting was adjourned at 7:25 p.m.

_____
Sherri Greenberg, Chairperson
Central Health Strategic Planning Committee

MINUTES OF MEETING – MAY 15, 2019

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

On Wednesday, May 15, 2019, the Central Health Board of Managers Strategic Planning Committee convened at 5:33 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

Committee Members present: Chairperson Greenberg, Manager Jones, Manager Museitif, and Manager Valadez

Board Members present: Manager Zamora and Manager Zuniga.

REGULAR AGENDA

1. **Consider and approve the minutes of the April 10, 2019 meeting of the Central Health Board of Managers Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 5:33 p.m.

Manager Valadez moved that the April 10, 2019 meeting of the Central Health Board of Managers Strategic Planning Committee be edited to include concerns the member made in regards to the language barriers addressed on our website. Members agreed that the edited minutes would be brought back to the June meeting and approved then.

2. **Receive and discuss an update on the 86th Texas Legislative Session and Central Health's proposed legislative priorities.**

Clerk's Notes: Discussion on this item began at 5:40 p.m. Ms. Perla Cavazos, Vice President of Government Affairs for Central Health, provided the committee with an update on the current status of bills she has tracked in relation to Central Health. Ms. Cavazos presentation included upcoming deadlines on Senate and House actions, bills SB 1142 and SB 1350 that passed, the SB 2 tax cap as a priority concern, bills concerning community health center priorities, and other bills relating to women's health, mental health and cancer.

No action was taken on item 2.

3. **Receive and discuss an update on Communications and Community Engagement activities and initiatives.**

Clerk's Notes: Discussion on this item began at 6:02 p.m. Mr. Ted Burton, Vice President of Communications for Central Health, and Mr. Ivan Davila, Director of Communications and Community Engagement for Central Health, provided an update in relation to the communications team projects. The team's mission is to bring more health services to remote areas of Travis County, the goal is to prioritize building trust among communities who have been underserved, marginalized and disenfranchised. The communications team is implementing a community engagement and outreach pilot using state-certified community health workers to perform outreach activities that emphasize community building and empowerment in Creedmoor, Colony Park and Austin's Colony/Hornsby Bend – to help people enroll in coverage and access health services effectively.

No action was taken on item 3.

4. **Receive and discuss an update asset mapping related to the social determinants of health.**

Clerk's Notes: Discussion on this item began at 6:19 p.m. Ms. Megan Cermak, Manager of Community and Population Health Strategy for Central Health, and Mr. Preston Poole, an intern for Central Health,

presented to the members. An outline of the presentation included the goals of the research, understanding public dollars for social services, a local public funds analysis, and social service organization resources, the federal social service dollars, the levels of high services areas being provided, the local funding for social services by category, and the funds for program associated with services for the homeless.

No action was taken on item 4.

5. Discuss the policies and practices of other Texas Hospital Districts in connection with a proposed funding resolution for the development and delivery of future programs and services with non-clinical partners.

Clerk's Notes: Discussion on this item began at 6:43 p.m. Ms. Cermak and Mr. Poole, presented a completion of a board request for research into different equity based policies and practices in connection with a proposed funding resolution for the development and delivery of future programs and services with nonclinical partners. Research reviewed the policies and practices of other Texas health districts and local organizations. Additional research reviewed examples of practices by other government entities that could be considered. A memo was provided to the board with the questions asked of different health/hospital districts and counties in Texas.

No action was taken on item 5.

6. Receive and discuss an update on the health equity road map.

Clerk's Notes: Discussion on this item began at 6:55 p.m. Mr. Mike Geeslin, President and CEO for Central Health, gave a very brief overview of the memo that was provided. This was an informational item only. The members did request a breakdown, from the Central Health HR department, of the current staff diversity based on ages, sex, and race. Mr. Geeslin agreed to provide this at the next board meeting, or in the interim via the Board's public messaging system.

No action was taken on item 6.

7. Receive and discuss the (FY) 2019-2024 Strategic Work Plan.

Clerk's Notes: Discussion on this item began at 7:02 p.m. Mr. Geeslin, provided an overview focusing on the changes Central Health will face on a federal level, an enterprise and operations update in relation to Central Health and CCC merging, the decline of DSRIP, how to better align and manage enterprise resources with CUC and Sendero, and what our strategic focus is moving forward.

Manager Museitif left the meeting at 7:24 p.m.

No action was taken on item 7.

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

Clerk's Notes: Discussion on this item began at 7:35 p.m. Chairperson Greenberg announced that the next Central Health Board of Managers Strategic Planning Committee meeting will be on June 5, 2019 at 5:30 p.m., at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Manager Valadez moved that the Committee adjourn. Manager Jones seconded the motion.

Chairperson Greenberg	For
Manager Jones	For
Manager Museitif	Absent
Manager Valadez	For

The meeting was adjourned at 7:35 p.m.

_____

Sherri Greenberg, Chairperson
Central Health Strategic Planning Committee

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

June 5, 2019

AGENDA ITEM 2

Receive and discuss an overview of Central Health Enterprise activities related to the social determinants of health.

CENTRAL HEALTH

1111 E. Cesar Chavez St.
Austin, Texas 78702
Phone: 512 978-8155
Fax: 512 978-8156
www.centralheath.net

MEMORANDUM

To: Central Health Board of Managers Strategic Planning Committee
From: Monica Crowley, Chief Strategy and Planning Officer; Megan Cermak, Manager of Community and Population Health
CC: Mike Geeslin, President and CEO
Date: June 5, 2019
Re: Item No. 2 – Receive and discuss an overview of Central Health Enterprise activities related to the social determinants of health.

Overview:
The Central Health Board of Managers Strategic Planning Committee requested information regarding social services offered by or financially supported by Central Health Enterprise partners and how patients are connected to social services offered by other organizations. This memo includes an inventory of these services and programs along with a description of how social services are integrated into health care delivery within the Enterprise.

Integration of social services into health care delivery:
CommUnityCare (CUC) uses a care coordination and care management model to remove barriers to care and address social determinant of health needs. This model starts with frontline staff including community health workers, medical assistants, medical admitting clerks and pharmacy. These staff members focus on addressing immediate needs identified at the time of visit. Services provided include facilitating transportation assistance, identifying food insecurity, and helping obtain medications. Care coordinators focus on closing gaps in care, while care management team members focus on removing barriers and intervening for medically complex patients. CUC is working toward implementing a community resource platform to identify and refer patients to local social service organizations.

The Community Care Collaborative (CCC) Medical Management Program is a comprehensive model of integrating social services into health care delivery. The Medical Management team is comprised of experienced clinicians including nurses, licensed medical social workers, and a community health worker. Services offered by this team include transitions of care after discharge from the emergency department at the Dell Seton Medical Center at The University of Texas, post-acute care transitions, and support with access to community resources. While supporting the medical needs of the patient, the team connects the patient to transportation, food, housing, and utilities assistance. The team also assists patients with enrollment into Supplemental Security Income and Social Security Disability Insurance and helps connect patients to employment opportunities through community workforce programs.

The local clinical model for integrating social services and health care delivery is the Central Health Southeast Health & Wellness Center—a community hub offering access to an array of social services including:

- Housing assessments for the homeless;
- Free legal services; home buyer workshops;
- Free tax preparation and filing;
- Zumba and yoga classes;
- A partnership with Peloton University, a non-profit university to help adults obtain debt-free post-secondary education and job placement.

While Central Health maintains strong community partnerships and has developed warm hand-off processes to community resources, Enterprise partners pilot various social service interventions and has operationalized some of these successful interventions as part of care. Below is an inventory of these programs and services.

<u>Central Health Initiatives:</u>

- Policy Initiatives - The Central Health Equity Policy Council has worked on the following policy initiatives that create a long-term path to wellness for our communities: Regulating electronic cigarettes including sale and delivery to minors and use of electronic cigarettes in public places; school district polices that created access to daily recess for low-income children that cannot be taken away for punitive or academic reasons; routine HIV screening in safety net clinics and emergency room departments. With screening, we are creating a pathway for referral so that a person who is diagnosed with HIV can be on anti-viral medications within 72 hours of diagnosis and possibly have an undetectable viral load within 30 days of diagnosis. This work has been recognized as a valuable resource for community partners and is a gap filled by Central Health that has a large impact while requiring at little expense.
- Transportation - Central Health worked with CommUnityCare this past year to offer free shuttle services for clients of the Southeast Health & Wellness Center. Central Health is currently operating a pilot in partnership with CUC, United Way and Lyft to offer free rides to and from the Central Health Southeast Health and Wellness Center. This pilot is currently being evaluated. In FY20, Central Health is exploring a new pilot offering free prescription delivery for a targeted subset of CUC patients with high need.
- Food insecurity - Central Health Southeast Health & Wellness Center partners with Farmshare and Austin Public Health for a subsidized, weekly mobile market; offers free healthy cooking with CUC dieticians; gardening classes; and a free summer lunch program.

<u>Community Care Collaborative Initiatives:</u>

- The Community Care Collaborative (CCC) piloted a rideshare service in partnership with Ride Austin in FY19. While the partnership proved valuable, the model was

resource-intensive. The CCC will be using a ride dispatcher program, Circulation, to continue offering transportation services in FY20.

- This past year, the CCC partnered with the YMCA to offer the gold-standard in diabetes prevention intervention, the Diabetes Prevention Program (DPP). This is a year- long program focusing on healthy eating and physical activity that can reduce a person's chance of developing Type 2 diabetes.
- The CCC will be launching a pilot of medically-tailored meal delivery service in partnership with Meals on Wheels.

<u>CommUnityCare Initiatives:</u>

- CUC partnered with the Central Texas Food Bank to screen patients for food insecurity and enroll patients in food assistance at the time of visit. The pilot ran from August 2018-April 2019 at the Rundberg Health Center location. Cigna funded emergency food boxes that were provided to the patients during the visit. Based on the success of this pilot, CUC is exploring a more sustainable model including co-locating Central Texas Food Bank screeners and the continuation of the emergency food boxes.
- CUC is in the application process for a grant with the Episcopal Health Foundation for a community resource referral platform to identify and refer patients to local social service organizations. If the platform proves successful, the intent is to link the platform with patients' electronic health records.

Terminology:

- **Social determinants of health**: Conditions in the environments people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-live outcomes and risks. (Healthy People 2020, the U.S. Department of Health & Human Services)
- **Social services**: Programs and services that improve the well-being of individuals, families, and communities. (the U.S. Department of Health & Human Services)
- The Enterprise partners often use the terms *social determinants* of health, *non-clinical factors* of health, and *non-medical drivers* of health in the framing of social services.

Inventory of Enterprise Social Service programs

Enterprise Partner	Program	Resources	# of people served
Central Health	Program development and facilities management at SEHWC	6 Central Health FTE's, 3 CUC FTE's	
Central Health	Zumba classes at SEHWC	$18,200	
Central Health	Yoga classes at SEHWC	$5,000	
Central Health	Healthy cooking classes at SEHWC	$10,000 for food and supplies; CUC provides 3 FTE's in-kind.	
Central Health	Summer Lunch Program at SEHWC	$6000 for adult meals; Central Texas Food Bank provides meals for children as in-kind;	4,330 meals served to adults and children.
Central Health	Mobile market at SEHWC	$5,000 and food is subsidized by Austin Public Health	
Central Health	Gardening class at SEHWC	$2,000	
Central Health	Transportation pilot with Lyft- free rides to and from the SEHWC	$12,500	Started in Jan- will report out results in September
Central Health	Transportation pilot with CUC- shuttle for ETC residents to the SEHWC	$24,000	231 rides over a 6 month period- from July to December 2018
Central Health	Prescription assistance and delivery for targeted CUC patients – to launch in FY20	Anticipated budget of $30,000	Anticipated reach of 900 prescriptions delivered
Community Care Collaborative	Meals on Wheels pilot- delivering medically tailored meals	Anticipated budget of $50,000	Anticipated reach of 30 people
Community Care Collaborative	Diabetes Prevention Program	Offered in partnership with the YMCA	Approx 24 enrollees
Community Care Collaborative	Transportation Pilot with Rideshare Austin	$50,000	2700 rides, 300 unique individuals
CommUnityCare	Rundberg Food Pilot	In partnership with the Central Texas Food Bank	1,924 emergency food boxes were distributed from 8/18 to 4/19
CommUnityCare	Social Services management platform	Grant from Episcopal Health Foundation	N/A

CENTRAL HEALTH

CommUnityCare HEALTH CENTERS

SENDERO HEALTH PLANS

Community Care Collaborative
A Central Health and Seton partnership

The Social Services Landscape across the Enterprise

Strategic Planning Committee Meeting

June 5, 2019

Vision

Integration of social services into healthcare delivery

- CommUnityCare- Front line staff (including CHWs), Care Coordinators, and Care Management teams
- Community Care Collaborative- Medical Management teams
- The Central Health SouthEast Health & Wellness Center- a community hub for healthcare and social services

CommUnityCare

Deborah King

Director of Population Health

CommUnityCare

GET READY IT'S A NEW DAY

---REACHING FOR---

Health Equity

Health Promotion

Preventive Care Coordination

Care Coordination

Care Management

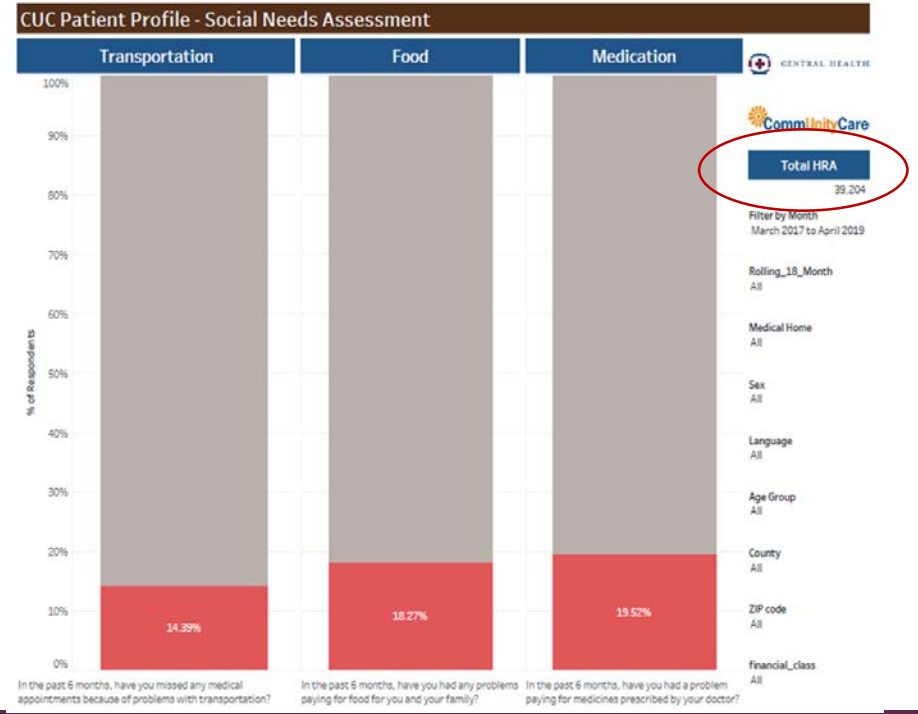
Primary, Secondary, Tertiary Prevention Approach to Population Health

Clinical Data including Health Resource Assessment

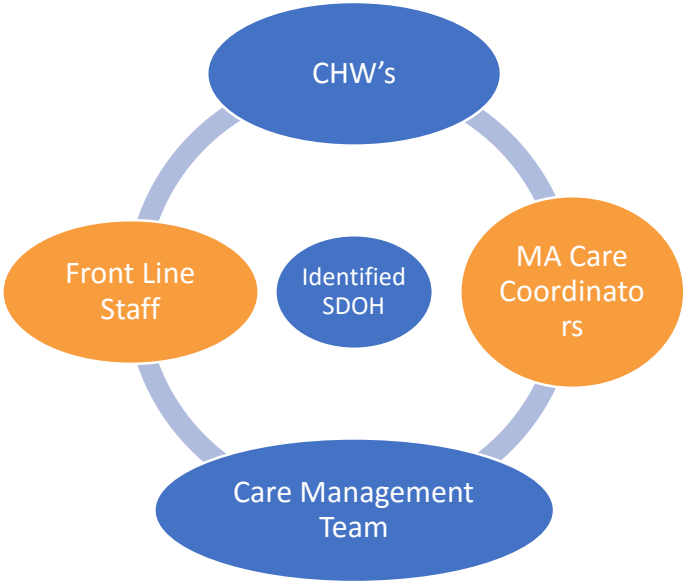
Addressing social determinants of health

Health Resource Assessment

	Assessment Type: Reassessment or Annual
1	In the past 6 months, have you missed any medical appointments because of problems with transportation?
2	In the past 6 months, have you had problems paying for food for you and your family?
3	In the past 6 months, have you had problems paying for medicines prescribed by your doctor?



Addressing social determinants



Transportation Barrier

Food Insecurity

Medication Assistance

- CHW's & Front Line staff- primarily focusing on addressing immediate needs identified at time of visit
- Care Coordinators- addressing transportation needs related to medical appointments as they are focused on closing gaps in care
- Care Management teams- primarily focusing on removing barriers and intervening for medically complex patients

Addressing Gaps

- Community Resource Referral Platform – i.e. Aunt Bertha, NowPow, TAVHealth, etc

- Establish community partnerships
  - Central Texas Food Bank- screening for food insecurity and enrolling patients for food assistance, food box distribution for patients at time of visit
  - Rundberg Food Pilot- 1,924 boxes were distributed from 8/18 to 4/19

TACKLING FOOD INSECURITY

TOGETHER

Moving the Community from Hunger to Health

CCC Medical Management

Veronica Buitron-Camacho, MSN, RN
CCC Director of Medical Management

Ccc Med Mgmt Success Story

Who We Are

1 Transition of Care RN at Dell Seton Medical Center – UT for ED patients and identify discharged MAP patients

2 Transition teams with RNs, SWs, and CHW to assist MAP and MAP basic patients who need care

(One complete bilingual team)

1 Post Acute care and homeless patient coordinator

1 Program Coordinator to support medical management teams

1 LVN Care Coordinator to assist patients and community case managers with scheduling appointments

Avenues to Care

- Transition of care nurse
- Hospital case management
- Post acute care transitions
- Community partners

Social services we provide to patients

- Transportation through Ride Austin pilot, cab vouchers, bus passes and Metro Access enrollment
- Food through Meals on Wheels enrollment and connect to local food pantries
- Income through enrollment into SSI/SSDI
- Housing through permanent placement in community programs for qualified applicants
- Utilities support through City of Austin programs and other grant funded programs that offer assistance
- Employment through community workforce programs

Central Health Southeast Health & Wellness Center

A long-term path to wellness

- Through policy
- Through pilots

Inventory of programs and services

- Providing medically-related transportation
- Addressing food insecurity
- Healthy eating and physical activity opportunities

Next Steps

Factor Health

- Partnership between the University of Austin's Dell Medical School and Episcopal Health Foundation

- Establishes a platform to test and sustain interventions that address broad health drivers outside the walls of a clinic.

CENTRAL HEALTH

CENTRALHEALTH.NET

@CentralHealthTX

CommUnityCare

SENDERO HEALTH PLANS

Community Care Collaborative

A Central Health and Seton partnership

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

June 5, 2019

AGENDA ITEM 3

Receive and discuss a presentation on Medical Access Program enrollee interview results.

1111 E. Cesar Chavez St.
Austin, Texas 78702

Phone: 512 978-8155
Fax: 512 978-8156
www.centralheath.net

CENTRAL HEALTH

MEMORANDUM

To: Central Health Board of Managers
From: CCC Strategy and Central Health Communications and Outreach
CC: Mike Geeslin, Central Health President and CEO, Monica Crowley, Chief Strategy Officer, Ted Burton, Vice President of Communications
Date: May 29, 2019
Re: Item #3 – Receive and discuss a presentation on Medical Access Program enrollee interview results.

Overview

In early 2019, Central Health and the CCC conducted in-depth interviews to learn about how MAP members experience enrollment and learn about benefits. The findings from this work will help Central Health and the CCC design services and strategies that meet needs of the clients we serve. The attached report explains our approach, key findings, and our next steps in detail.

Methods

We spoke to a diverse group of more than 30 adults of different ages, races, ethnicities, and living situations. We conducted interviews in English and Spanish through Eligibility offices, Southeast Health and Wellness Center, Mexican Consulate, and phone calls to patients who applied by phone/mail. We used open-ended questions to allow interviewees to guide the conversation to the aspects of the health system that had the most impact on their experience.

Key Findings

1. Urgent medical needs motivate individuals to apply for MAP
2. Members learn about benefits passively and/or rely on the information on hand (e.g. their MAP card)
3. Clinic choices are based on more than location (e.g. customer service, bus lines)
4. Members are passionate about in-person eligibility appointments
5. Multiple enrollment methods are needed (e.g. in-person and mail/phone)
6. Individuals who use the current MAP phone/mail application process are left wondering about their application status

7. Moving between coverage programs is confusing *(note: interviews conducted prior to MAP BASIC)*
8. Reminders from Central Health about renewing MAP would likely reduce enrollee anxiety about lapses in coverage
9. Clients are pleased to receive unexpected services at enrollment

The findings in this memo represent the individuals interviewed, not all MAP members. However, themes quickly emerged across interviews and each finding likely applies to a wider group of members. We will continue to test these assumptions and gather more feedback.

Next Steps

We are using these learnings to improve current services and drive new initiatives to improve health outcomes – from designing MAP BASIC enrollment materials to developing alternatives to in-person enrollment. We will continue to engage members to inform our work.

Voice of the Patient: Insights on Enrollment & Benefit Education

1. WHAT WE DID

The Central Health Communications & Outreach, Eligibility & Enrollment, and the CCC Strategy team partnered on this work to inform our patient engagement and enrollment strategies.

INTERVIEWED A RANGE OF CLIENTS

In early 2019, we spoke to a diverse group of more than 30 adults of different ages, races, ethnicities, and living situations. We conducted interviews in English and Spanish. Interviewees were enrolled in MAP or had been on MAP in the past and were currently in a Sliding Fee Scale program. We interviewed in pairs to allow the lead interviewer to engage deeply in conversation while a partner took notes and observed body language. Conversations typically lasted 20-30 minutes, with the length driven by client preference. Most individuals we approached volunteered to participate. We conducted interviews through four channels:

- Northeast & South MAP eligibility offices (after eligibility appointments)
- Southeast Health and Wellness Center
- Mexican Consulate
- Phone calls to patients who applied for MAP by phone/mail instead of in-person

We encouraged individuals to walk us through their experience navigating the system – focusing on their motivations, emotions, and decision-making processes. We used open-ended questions that allowed interviewees to guide the conversation to the aspects of the health care system that had the most impact on their experience. We selected this interview approach – often referred to as "Empathy Interviews" – to understand the underlying needs and motivations of MAP enrollees, beyond those that we might think to ask about on surveys or in structured interviews.

IDENTIFYING INSIGHTS FROM INTERVIEWS

The project team analyzed each interview as a group to disseminate learnings and tease out each clients' underlying emotions and motivations, expressed verbally or non-verbally. We focused on findings that were particularly surprising or revealing about the enrollees' perspective. We aimed to uncover new insights that help us understand the thought processes behind our clients' actions and preferences.

The findings in this memo represent the individuals interviewed, not all MAP enrollees. However, themes quickly emerged across interviews and each finding likely applies to a wider group of enrollees. We can test these assumptions through various means, which may include surveys, data analysis, or prototyping new services or education strategies.

2. What we learned

1. Urgent medical needs motivate Individuals to Apply

Low-income Travis County residents often learn about and apply for MAP when they have (or recently had) an acute medical need or trauma – such as a hospitalization or a new chronic disease diagnosis. Some learn about MAP from a hospital staff person or a friend as a byproduct of their medical issue. Others were aware of MAP before the medical issue arose and were newly motivated to complete the application process because of their urgent need.

2. Members learn about benefits passively and/or rely on the information on hand (e.g. their MAP card).

Members are well-versed in the core MAP benefits and understand how to access these services – such as primary care, specialist, and hospital coverage. However, they may not be as familiar with other benefits – such as Urgent Care – because most do not pro-actively seek to learn about benefits.

Members reported learning about MAP benefits from the Eligibility Specialist during their eligibility interview. New enrollees left their eligibility appointment confident and prepared to schedule a primary care visit.

Members also reported 'knowing their benefits' based on the co-pays listed on their MAP card. The MAP card lists co-pays for outpatient, prescription, and hospital services. However, it does not list all benefits and covered services.

Individuals with specific healthcare needs – such as x-rays – reported reading the MAP handbook in depth. Others shared that they do not read the paperwork provided at eligibility that explain all of their benefits. Nobody mentioned receiving a phone call after enrollment to explain his or her benefits (even though that is part of the enrollment process).

Some members with questions reported calling the number on their MAP card, asking a provider, or learning from friends and family about benefits. One patient said she appreciated hearing about MAP benefits via the media (e.g. Univision) because it validated her understanding of her benefits.

3. Clinic choices based on more than location

Members value the excellent customer service they receive from eligibility and clinic staff. Several talked about seeking care at a location farther from their home than necessary because they were seeking a more comfortable experience. Here are two examples:

One patient changed primary care clinics to a location farther from his house because it was on a direct bus route. His original clinic was much closer to his house, but required two buses.

Another woman continued to go to a primary care clinic in South Austin even after she moved to North Austin because she was familiar with clinic, and did not feel welcomed when she visited a clinic closer to her new home.

4. Members are passionate about in-person eligibility appointments

We learned that members like the current in-person application process for several reasons, including:

- Having an opportunity to fully explain their personal situation feels like it maximizes their chance of getting enrolled
- Feeling supported by an 'expert' throughout the process, who can choose the best providers for their personal situation
- Receiving a definitive enrollment determination on a specific date. Enrollees know that they will walk out of the office with a MAP or sliding fee card
- Interaction and human connection
- Individuals feel like their documents and personal information are secure

5. Multiple application methods are needed

Some members were open to the idea of applying without an in-person appointment – mostly out of convenience or necessity – not because they are seeking to avoid the current in-person enrollment experience. Individuals with caregiving responsibilities are particularly eager to apply for MAP without going into an eligibility office. Members who use the current phone/mail application process are not necessarily the same individuals who would use an online process if it were available.

There is a subset of members who would likely use an online application. These are the individuals who already go to the MAP website or connect with other social service providers online. These findings align with what we learned from a partner in the community who offers online applications for a similar application process.

Some members reported applying for other social services online usually because it was the only way to enroll in that particular service. Some members get help from case workers or family members to complete online application. Online security is a top concern among individuals, even among members who use their smartphones for online banking.

Interest in and comfort with online applications did not align with age – we spoke to young adults who particularly valued talking to an 'expert' in person and older adults who are very comfortable using online services.

6. Individuals who use the MAP phone/mail application Are left wondering about their application status

We spoke to enrollees who completed the mail/phone enrollment process, but said would not do so again because they were not confident in whether their documents would arrive and they were unsure of the status of their application throughout the process. We spoke to even more individuals who dropped out of the phone/mail application process entirely for similar reasons – either going in for an in-person appointment or not completing their application.

7. Moving between coverage programs is confusing

Changing between coverage programs cause worry and confusion for individuals – this held true for both younger and older patients, English and Spanish speakers. We were surprised to hear from a women who was anxious about being moved from MAP with a $10 co-pay to MAP $0 co-pay because she was worried she might have fewer benefits with a $0 co-pay plan (even though that is not the case). Several individuals who moved between MAP & Sliding Fee Scale were unable to describe the differences and sometimes referred to sliding fee scale programs as MAP. Individuals did not ask for all of the information they wanted when they moved between coverage programs.

8. Reminders about renewing reduces anxiety

Members with chronic conditions on prescription medications are conscientious about renewing before their coverage expires. Several enrollees described designing systems to remind themselves to renew (i.e. writing reminders on a wall calendar). Yet, these systems sometimes fail. A long-time enrollee reported using the MAP card itself as a reminder of her coverage expiration date. She recalled losing the card once and she only learned her coverage lapsed when she was in the hospital.

Multiple members indicated that they would like MAP to remind them to renew. When coverage lapses, members reported paying for medication out of pocket or delaying medication pick up until they could get an eligibility appointment. Others re-scheduled medical appointments when they could not get an eligibility appointment in time.

9. Clients were pleased with unexpected services

Members vividly recalled instances – both recent and long-ago – when they learned about a service or benefit at an eligibility office that they were not expecting to receive. These included the Eligibility Specialist enrolling the whole household in MAP, applying for Medicaid on behalf of an unborn child, enrolling a household in the Austin Energy Consumer Assistance Program, and providing information on mammograms and food banks.

3. What we are doing now

We are using these learnings to improve current services and drive new initiatives to improve health outcomes. By understanding what motivates clients to act (or not act) when navigating the health care system, we can redesign our system to help patients achieve better health outcomes and encourage appropriate healthcare utilization. We will continue to test assumptions made along the way to validate them and to ensure that our services and initiatives have the intended impact. Central Health and the CCC are leveraging these insights to pursue the following opportunities:

How might we make it as easy to learn about your benefits as looking at your MAP card? These insights are guiding our MAP BASIC enrollment and benefits education strategy.

We are testing new forms of educational materials with staff and patients to meet their needs. This work will also guide future revisions of MAP member materials and broader patient engagement strategy. We will build on the resources MAP members already use to learn about benefits - including education from eligibility specialists and MAP card content.

HOW MIGHT WE DESIGN MULTIPLE ENROLLMENT PROCESSES THAT RETAIN THE LOGISTICAL AND EMOTIONAL BENEFITS OF THE IN-PERSON APPLICATION, WITHOUT AN IN-PERSON INTERVIEW? Central Health Eligibility and Enrollment plans to improve the phone/mail application process. We will explore providing status updates throughout the process. We are also exploring an enrollment process that leverages technology to replace in-person interviews

HOW MIGHT WE HELP ENROLLEES REMEMBER TO RENEW? The CCC and the Central Health Eligibility and Enrollment team is considering pro-active outreach to remind enrollees to renew. Eligibility Specialists are also encouraging members to design strategies (and back-up plans) to help members remind themselves to renew.

HOW MIGHT WE ALLEVIATE ANXIETY AND CONFUSION WHEN MEMBERS MOVE BETWEEN BENEFITS PROGRAMS? The Central Health Eligibility staff also brainstormed ways to address this issue, including pro-actively providing more explanation to members moving between coverage programs. As part of the MAP BASIC rollout, we are creating educational materials that offers a side-by-side comparison of covered services. We will be testing these materials with members to understand whether these materials will help reduce confusion.

DEVELOPING FUTURE PLANS TO COLLECT AND LEVERAGE USER INSIGHTS (FROM PATIENTS AND STAFF) TO INFORM OUR WORK

Central Health and the CCC would like to gather insights from individuals who use our systems (or who are part of our target population) who may have a substantially different perspective than the members we spoke with in this round of interviews, including:

- Low-income, uninsured residents who have not applied for MAP (and are likely eligible), including residents in Eastern Travis County and immigrant communities (for example)
- Residents and members who speak languages other than English and Spanish
- Enrollees who apply for MAP via virtual application partners (e.g. CommUnityCare and Lone Star Circle of Care)

The interview and analysis process used in this work can serve as an additional tool for Central Health Enterprise teams interested in understanding the perspective of MAP members and low-income uninsured Travis County residents seeking healthcare services. We look forward to sharing learnings across projects and departments to provide a robust understanding of the needs, motivations, and behaviors of the members and residents we serve.

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

June 5, 2019

AGENDA ITEM 4

Receive and discuss an update on Communications and Community Engagement activities and initiatives.

CENTRAL HEALTH

1111 E. Cesar Chavez St.
Austin, Texas 78702
Phone: 512 978-8155
Fax: 512 978-8156
www.centralheath.net

MEMORANDUM

To: Strategic Planning Committee
From: Ivan Dávila, Director of Communications and Community Engagement
CC: Mike Geeslin, President and CEO, Ted Burton, VP of Communications
Date: June 5, 2019
RE: Information Item: Mobile Clinic Communications, Community Engagement and Outreach Plan

---

Overview:
Central Health and CommUnityCare responded to the growing need for creative solutions to health care delivery in Eastern Travis County by launching a mobile health clinic. Starting June 24, 2019, this "clinic on wheels" will serve Colony Park and Creedmoor with primary and preventive care services. Using the recently adopted logic model for consumer engagement and outreach, Central Health and CommUnityCare are working together to help lead patients to the mobile clinic for health care services.

Synopsis:
Starting June 24, 2019, CommUnityCare's mobile clinic will provide new primary and preventive care for residents of all ages in Creedmoor and Colony Park from 8:30 a.m. to 4 p.m. as follows:

Colony Park
- Mondays and Fridays - Barbara Jordan Elementary School (6711 Johnny Morris Rd, Austin, TX 78724)
- Wednesdays - Turner-Roberts Recreation Center (7201 Colony Loop Dr., Austin, TX 78724)

Creedmoor
- Tuesdays and Thursdays - Creedmoor Community Center (12511 FM1625, Creedmoor, TX 78610)

Staff is working with advisory committee members on the creation, implementation and evaluation of a Communications, Engagement and Outreach Plan.

Action Requested:
No action is required at this time. This is an informational update for the committee.

Fiscal Impact:
No fiscal impact.

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

THE STRATEGIC PLANNING COMMITTEE

June 5, 2019

AGENDA ITEM 5

Receive and discuss the FY 2019-2024 Strategic Work Plan.

CENTRAL HEALTH
HEALTH CARE FOR ALL

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

STRATEGIC WORK PLAN 2019—2024

OBJECTIVE 1

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

Strategy 1.1

Service Location & Care Delivery

By data analysis, provider input, and community-based advisory groups, determine funding of business plans for future service delivery sites, mobile services, and/or technology solutions for delivering care to the served population.

Strategy 1.2

Population Health—
Social Determinants of Health

Provide funding or reimbursement to provider partners for resources to establish population health goals and address specific social determinants affecting the population served.

Strategy 1.3

Communications

Improve communication with consumers and the community about Central Health's pivotal role ensuring the delivery of care to the served population.

OBJECTIVE 2

Implement patient-focused and coordinated health care system

Strategy 2.1

Patient Wait Times

Establish measures and fund projects to improve patient wait times and network adequacy for access to primary and specialty care services.

Strategy 2.2

Patient Reported Outcomes & Experiences

Establish measures, including measures that address inequity, and improve patient reported health outcomes and experiences; develop quality-of-life and patient experience dashboards.

Strategy 2.3

Women's Reproductive Health

Expand and improve women's reproductive health system through Dell Medical School and provider partners.

Strategy 2.4

Technology & Data

Improve continuity of care through integrated technology, data, planning and information exchange.

Strategy 2.5

Brain Health

Determine the scope of Central Health's role in brain health programs.

Strategy 2.6

Cancer Care

Determine the scope of Central Health's role in cancer care programs.

OBJECTIVE 3

Implement sustainable financial model for health care delivery and system strategies through 2024

Strategy 3.1

Fiscal Model

Develop reasonable revenue and health care delivery cost fiscal models through 2024.

Strategy 3.2

Reserves

Forecast and maintain adequate contingency and emergency reserves to manage adverse financial events and maintain adequate health care service levels.

Strategy 3.3

Budgeting

Include revenue and financing sources for new programs in future budget patterns.

Strategy 3.4

Brackenridge Campus

Determine optimal use or disposition of Brackenridge Campus sections.

Strategy 3.5

Contracting & Payment

Implement value-based provider reimbursement models and reporting standards related to patient-reported outcomes, population or health condition outcomes, and positive patient experience measures.

Strategy 3.6

Transparency

Establish partner reporting (Dell Medical School, St. David's, Seton, CommUnity Care, Integral Care and Sendero) to increase awareness of funds use, ensure stewardship, and assess the efficacy in achieving Central Health objectives.

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

THE STRATEGIC PLANNING COMMITTEE

June 5, 2019

AGENDA ITEM 6

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