

H.C.F RESOLUTION NO. 2016- 2078 -07-11

STATE OF TEXAS

HEALTH CARE FOUNDATION
MEETING MINUTES
JUNE 20, 2016

COUNTY OF COLLIN

On Monday, June 20, 2016, the Collin County Health Care Foundation Board of Trustees met in Regular Session in the Commissioners' Courtroom, Jack Hatchell Collin County Administration Building, 4th Floor, 2300 Bloomdale Road, City of McKinney, Texas, with the following members present, and participating, to wit:

President Keith Self
Trustee Susan Fletcher, Precinct 1
Trustee Cheryl Williams, Precinct 2
Trustee Chris Hill, Precinct 3
Trustee Duncan Webb, Precinct 4

1. President Self called to order the meeting of the Collin County Health Care Foundation at 3:14 p.m.

2. **Consent agenda to approve:** President Self asked for comments on the consent agenda. Hearing no comments, a motion was made to approve the consent agenda. (Time: 3:15 p.m.)

Motion by: Trustee Cheryl Williams
Second by: Trustee Duncan Webb
Vote: 5 - 0 Passed

a. AI-41686 Disbursements for the period ending June 14, 2016, Auditor.

H.C.F. RESOLUTION NO. 2016-2070-06-20

b. AI-41729 Personnel Appointments, Human Resources.

H.C.F. RESOLUTION NO. 2016-2071-06-20

GENERAL DISCUSSION

3. AI-41748 RHP 18 Annual Update, Administrative Services.

des Angus Cruser, Ph.D., presented a status report on the RHP (Regional Healthcare Partnership) 18 - 1115 Medicaid Waiver Project. The core reasons the Waiver exists are: to expand risk-based managed care statewide; support the development and maintenance of a coordinated care delivery system; improve outcomes while containing cost growth; protect and leverage financing to improve and prepare the healthcare infrastructure to serve a newly insured population; and to transition to quality-based payment systems across managed care and hospitals.

The top three accomplishments over the past year are: providers have established services that existed elsewhere in the state but not in RHP 18; there is an increased number of persons receiving services; and reports indicate improved health status of persons with multiple and varied chronic conditions. The on-going challenges include: accessing specialty care to restore health; linking emergency and inpatient services to avoid preventable admissions; modifying existing systems to facilitate data sharing for common patients; retaining healthcare personnel; and creating culture change in how healthcare is delivered.

Innovative strategies include: improved networking among DSRIP (Delivery System Reform Incentive Payment) providers; providers are making better use of internal continuous quality improvements teams for trouble shooting; developing methods for data sharing on a case-by-case basis; multi-disciplinary teams are being utilized to coordinate needs and improve outcomes for patients with complex needs; and providers have developed innovative methods for self-managed care. The anticipated future developments are: patient-centered medical homes; health information exchange models; sustaining the programs beyond the year 2021; better coordination between hospitals and outpatient providers; and updating the Needs Assessment in RHP 18.

Dr. Cruser reviewed the anchor challenges and accomplishments over the past year. The Program audits consist of on-going reviews by HHSC (Health and Human Service Commission) and Myers & Stauffer. HHSC also audits/reviews data and qualitative information submitted by providers. All projects in RHP 18 have been successful in responding to and passing all of the audits.

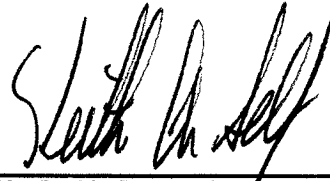
In DY4 (Demonstration Year 4), four of the seven providers achieved 100% of their milestones and metrics. Centennial Medical Center achieved 99%, UT Southwestern achieved 50% and Children's Health achieved 71%. It is anticipated that one of the programs may not achieve all of their metrics by the end of DY5, and that will have some implications for the extension. Dr. Cruser reviewed the financing status which showed that \$2.3 million was not collected in DY4. This means that some providers had to carry into the next demonstration year the achievement of certain milestones. However, this program is eligible to continue to move toward that goal and accomplish it within the next demonstration year. The \$2.3 million may still be collected. Dr. Cruser reviewed the ten key elements of the extension which will begin October 1, 2016. A 15-month transition period will run through December 31, 2017 and the total allocation for the transition period will be \$3.875 billion.

In summary RHP 18 has done a wonderful job of completing all of their metrics and milestones through DY3. It is unclear if all of the metrics will be met for DY4 or DY5. All the payments are accurate and the anchor team continues to hold learning collaborative events, conduct site visits, and engage in problem solving with all providers. Audits are ongoing, and this summer will be planning for DY6 transition. Dr. Cruser anticipates another five years of the program. The program has come so far that if it ends, it would be a huge negative impact on the population in Texas. (Time: 3:44 p.m.)

NO ACTION TAKEN

EXECUTIVE SESSION

The Board did not recess into Executive Session. There being no further business of the Board, President Self adjourned the meeting at 3:44 p.m.



Keith Self, President

ATTEST:


Duncan Webb, Trustee