

State of Texas	§	Court Order
Collin County	§	2019-2068-06-10
Health Care Foundation	§	

An order of the Collin County Health Care Foundation Board of Trustees approving the filing of the May 13, 2019 minutes.

On Monday, May 13, 2019, 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 Chris Hill
 Trustee Cheryl Williams, Precinct 2
 Trustee Darrell Hale, Precinct 3
 Trustee Duncan Webb, Precinct 4

Absent: Trustee Susan Fletcher, Precinct 1

1. President Hill called to order the meeting of the Collin County Health Care Foundation at 2:54 p.m.
2. **Consent agenda to approve:** President Hill asked for comments on the consent agenda. Hearing no comments, a motion was made to approve the consent agenda. (Time: 2:54 p.m.)

Motion by: Trustee Cheryl Williams
 Second by: Trustee Duncan Webb
 Vote: 4 - 0 Passed

- a. AI-46512 Disbursements for the period ending May 7, 2019, Auditor.
H.C.F. RESOLUTION NO. 2019-2049-05-13
- b. AI-46474 Filing of the April 22, 2019, Minutes, County Clerk.
H.C.F. RESOLUTION NO. 2019-2050-05-13
- c. **Receive and File, Final Audit Result(s) (1st Quarter FY2019), Auditor:**

1. AI-46484 Healthcare Services.
H.C.F. RESOLUTION NO. 2019-2051-05-13

2. **AI-46485** Substance Abuse.

H.C.F. RESOLUTION NO. 2019-2052-05-13

d. Agreement(s):

1. **AI-46528** Grant an exemption from the bidding process per VTCA Local Government code 262.024(a)(4) and approve a Professional Services Contract with Public Information Associates (PIA) to administer RHP 18 anchor duties required by the Medicaid 115 Waiver, Administrative Services.

H.C.F. RESOLUTION NO. 2019-2053-05-13

e. Miscellaneous

1. **AI-46466** Acceptance of late grant application from Community Health Clinic for sick medical visits, prescription assistance, laboratory and x-ray services, Health Care.

H.C.F. RESOLUTION NO. 2019-2054-05-13

2. **AI-46520** Personnel Appointments, Human Resources.

H.C.F. RESOLUTION NO. 2019-2055-05-13

GENERAL DISCUSSION

3. **AI-46386** Project Access Annual Presentation and Financial Reports, Health Care.

Candy Blair, R.N., Healthcare Services, introduced Jennifer Bolton, Executive Director of PACC (Project Access-Collin County). PACC is dedicated to improving the health of the community by creating access to necessary medical care and services for those most in need. PACC was launched in June 2011 and has served over 1,125 residents to date.

Ms. Bolton presented a PowerPoint presentation showing the distribution of PACC patients and who is referring the patients. There was a reduction in new PACC patients in 2017 due to Presbyterian Hospitals in Allen and Plano choosing not to participate. However, the number of new patients increased by 24 in 2018. As of September 30, 2018, there are 126 active patients on the program. There has been great progress in transitioning patients to a more stable form of healthcare. One of the reasons PACC is so successful is it offers more than the standard community clinic. Ms. Bolton showed a list of 17 different medical specialties offered in the program which allows them to treat a broad spectrum of illnesses.

Ms. Bolton showed the current list of hospitals, clinics, ancillary and diagnostic partners in the PACC program. From October 1, 2017 to September 31, 2018 there were 399 appointments with physician volunteer specialists, 131 ancillary and diagnostic procedures, and 12 surgical procedures performed through participating hospitals and various clinics. The total value of this care was \$481,236. This does not include unquantifiable benefits such as navigation, support, and health education. Since inception on June 1, 2011, there have been 1,125 patients served with the total value of that care at \$6,605,660. Total contributions from the County were \$2,817,500 for a presumed savings for the County of \$6,482,500.

The focus for 2019 is to continue to work on transitioning patients to State-funded or private health care plans; secure previous hospital partnerships as well as expanding the number of partnerships; use patient navigator to decrease compliance issues, increase physician volunteers and partners; and empower patients to participate in their own healthcare and overall well-being. Judge Hill asked if there was a pathway to restore the previous partnerships. Ms. Bolton believes the program will be able to achieve that goal. One of the things they are working on for this coming year are the patients' long term goals once they transition off the program. There will be a packet showing all available resources for patients and the uninsured in general. There have been challenges, but Ms. Bolton feels the program is doing very well.

Commissioner Webb was curious why the total enrollment in the program was so low considering the growth in the county. He asked if there was a disconnect between the PACC program and the County's program regarding referrals. Bill Bilyeu, County Administrator, said the program can only take who the County gives them, and the patient must qualify for the program. Commissioner Williams said it is very difficult to qualify as indigent. Ms. Bolton said there are many organizations that aren't aware of PACC so they can't tell their patients about the program. Commissioner Williams said the information is on the County's website, and she feels the County is doing what it can to make sure people know the program is available. Judge Hill is very happy with the program and wants to continue to look for ways to make it stronger. (Time: 3:10 p.m.)

NO ACTION TAKEN

4. AI-46516 RHP 18 DSRIP Update presented by Public Information Associates (PIA), Administrative Services.

des Anges Cruser, Ph.D., came forward with a PowerPoint presentation to update the Court on the 1115 Medicaid Waiver also referred to as DSRIP (Delivery System Reform Incentive Payment). The purpose of DSRIP is to extend health care insurance coverage to include low-income, underinsured and uninsured adults not eligible for Medicaid and to expand covered services. The focus has been on cost containment by reducing the unnecessary use of emergency and inpatient care, the development of incentive and outcome-based payment mechanisms, and specific population health outcomes.

Dr. Cruser said DSRIP has changed since last year. There used to be a large focus on increasing the number of patients seen, expanding services and improving the infrastructure of various providers. Now the focus is on core activities, the system itself, national standards for which providers must meet performance goals, standardized formulas, and improving outcomes.

The impact of DSRIP has been a shift from quantity to quality. It's not how many patients are seen, but rather how their health is improved. There is less focus on bringing people in for services and more focus on improving the health status in the populations. All providers must report what they are doing to impact specific statewide chronic disease measurements as well. Providers are only paid for achieving their goals and increasing the number of patients they see.

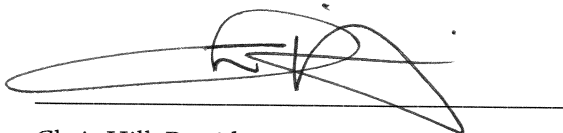
Some of the key accomplishments were the successful engagement of two new providers; requirements met and expectations exceeded for learning collaboratives, plan updates, reports and technical assistance; and a survey of providers' understanding of alternative payment models. In terms of future finance and program expectations, starting in October 2019, which is DY9 (Demonstration Year 9), the allocated funding pool will be reduced from \$3.1 billion in DY8 to \$2.91 billion. In 2020, the allocated funding will again be reduced to \$2.49 billion and then to \$0 in 2021. There were no state dollars in this – only local dollars. By the end of March 2019, HHSC (Health and Human Services Commission) submitted to CMS (Centers for Medicare & Medicaid Services) the PFM (Program Funding & Mechanics) updates, and these are available online. Later this year, HHSC will begin work with stakeholders to finalize the distribution of the reduced funding pools for DY9 and 10. Dr. Cruser then showed the current and projected allocations for DY7 through DY10 in terms of the maximum the providers could collect for achieving all of their metrics. Commissioner Williams asked what the impact will be from the reductions in allocated funding. Dr. Cruser said they will not know this for another few months but will provide a summary of where they think the impacts will occur and what metrics will change.

The program will be phased out in the next two years unless there are other mechanisms in place to sustain services. Hospitals, CMHCs (Community Mental Health Centers), and health departments have membership or affiliation organizations that are advocating at the legislative level for mechanisms to be put in place to sustain the programs. There are LPPF (Local Provider Participation Funds) which are formed by a tax or fee charged to hospitals up to 6%, and those dollars are pooled for hospitals to draw down Medicaid dollars for the same populations they have been serving. Many counties and particularly rural counties that don't have large local hospitals have not been able to put this mechanism in through the county system. Dr. Cruser recommended the County investigate this as it could help sustain some of the services. (Time: 3:25 p.m.)

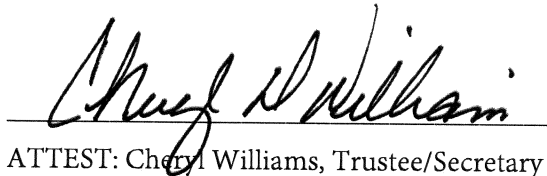
NO ACTION TAKEN

EXECUTIVE SESSION

The Board did not recess into Executive Session. There being no further business of the Board, President Hill adjourned the meeting at 3:25 p.m.

A handwritten signature in black ink, appearing to be "Chris Hill", written over a horizontal line.

Chris Hill, President

A handwritten signature in black ink, appearing to be "Cheryl Williams", written over a horizontal line.

ATTEST: Cheryl Williams, Trustee/Secretary