H.C.F RESOLUTION NO. 2017- 2075 -07-10

STATE OF TEXAS

COUNTY OF COLLIN

HEALTH CARE FOUNDATION
MEETING MINUTES
JUNE 12, 2017

On Monday, June 12, 2017, 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:

Trustee Susan Fletcher, Precinct 1
Trustee Cheryl Williams, Precinct 2
Trustee Duncan Webb, Precinct 4

Absent: President Keith Self
Trustee Chris Hill, Precinct 3

1. Trustee Williams called to order the meeting of the **Collin County Health Care Foundation** at 2:02 p.m.

2. Consent agenda to approve: Trustee Williams asked for comments on the consent agenda. Hearing no comments, a motion made to approve the consent agenda. (Time: 2:02 p.m.)

Motion by: Trustee Duncan Webb
Second by: Trustee Susan Fletcher
Vote: 3 – 0 Passed

a. AI-43222 Disbursements for the period ending June 6, 2017, Auditor.
H.C.F RESOLUTION NO. 2017-2065-06-12

b. AI-43298 Grant an exemption from the bidding process per VTCA Local Government Code 262.024(a)(4) and approve a Professional Services Agreement with Public Information Associates (PIA) to administer RHP 18 anchor duties required by the Medicaid 1115 Waiver, Administrative Services.
H.C.F RESOLUTION NO. 2017-2066-06-12

c. Receive and File, Auditor:

1. AI-43262 Monthly Financial Reports for March 2017.
H.C.F RESOLUTION NO. 2017-2067-06-12

2. AI-43275 Monthly Financial Reports for April 2017.
H.C.F RESOLUTION NO. 2017-2068-06-12

GENERAL DISCUSSION

3. AI-43068 RHP 18 update presented by Public Information Associates (PIA), Administrative Services.

des Agnes Cruser, Ph.D., Public Information Associates, came forward to present an update on DY (Demonstration Year) 5 for the RHP (Regional Healthcare Partnership) 18. She said DY6 will run until December 2017 unless DY7-10 are approved. There has been no discussion to cease; however, the next four years may include a decrease and tapering off of funding.

In 2012 there were 23 direct services projects in Categories 1 and 2 and 26 population outcome measures in Category 3. There are now 22 in Categories 1 and 2 projects and 35 population outcome measures. The value of the DSRIP (Delivery System Reform Incentive Program) RHP18 dollars was $120.7 million and the distribution has not changed in terms of percentages. The Category 4 distribution percentage which involves population reporting by hospitals has also not changed. The total for Category 4 is $5.8 million. In DY2-5 the funding available was $120.7 million and the Intergovernmental Transfer was $50.6 million. The total amount collected has been at 90%. Carry forward is allowed in every DY if metrics are not met. There are a number of projects in this status. It is anticipated that 99.3% of the total dollars for DY2-5 will be recovered and collected. Trustee Webb asked if the funding will go back if it is not allocated and spent. Dr. Cruser said to the extent it is allocated and not collected there is a pool of funds available which may be available in DY7-10 to increase value and metrics or for new providers.

Dr. Cruser mentioned the uncompensated care portion of the project is more difficult to report on. HHSC (Health and Human Services Commission) has just published a 460-page report provided to CMS (Center for Medicaid Services) wrapping up DY5.

All providers in RHP18 have expanded services to either previously unserved, new or underserved populations. This has improved health statuses and reduced the need for emergency care. In Grayson, Rockwall and Collin Counties approximately 35,000 people are being served which is more people than prior to the DSRIP project. These people are given healthcare, being kept out of the hospital and restored to health so they can work. This includes those who may have had insufficient services to keep them stable in the community.

There have been some changes that shifted dollars around. Last year a portion of funding in Category 4 was shifted to Category 3 to emphasize clinical outcomes versus numeric reporting. This will be seen this year in DY6 as well as in DY7-10. Some projects consolidated into one home RHP for reporting; however, only one did this which was Lakes Regional. They made the home RHP, RHP10 rather than RHP18.

Stretch activities have been added on top of population outcomes. This includes cost benefit analysis and prior program evaluation outcomes. Additional requirements are being layered within the DSRIP project which was not there when this first began.

Trustee Williams asked if the program is able to control for population increases so it does not result in an adverse effect on reporting outcomes. With an increase in population, rather than a more static population, there may be more people with poorer health coming into the system impacting the numbers. Dr. Cruser said all of the projects had to look five years into the future when the plan was created and they all increased the numbers of visits, individuals, et cetera every year. Each year the valuation has increased as well.

Two of the common provider challenges have been recruiting, training and retaining specialized personnel as well as care coordination obstacles such as incompatible electronic health records. Audit processes have gone forward on almost all projects in RHP18 for DY3. Only one provider has the potential for HHSC to recoup a portion of their DY3 funds. The audit process will continue for DY4-5.

RHP18 has met all HHSC requirements for DY5 and DY6. RHP18 has worked closely with the providers and is about to engage in addressing sustainability planning for projects and program evaluation. These are two large components of DY6. DY6 will be wrapping up between now and September. The total distribution of values available for DY6 was $33.9 million. The percentages per provider did not change. DY6 modifications in RHP18 include: no provider's total project values reduced; no projects replaced; some projects consolidated or merged with value being proportionately redistributed across new options; and some outcome measures changed.

There will be changes to Project Categories in DY7-10. There will be a Category A which will include progress on core activities, alternative payment models, sustainability planning and costs and saving strategies. Category B will focus on numbers of people particularly in the Medicaid, low-income and uninsured populations. Category C is the big focus. It involves measurement outcomes and measurement bundles. All of the hospitals, community health centers and academic health science centers are engaged in separate committees working with HHSC to define the outcome bundles. The focus for DY7-10 will be on metric bundles, pay for performance and pay for reporting options, additional funds in DY7 and additional anchor requirements.

Trustee Webb said when this started years ago there were a lot of expectations on where this was heading. The counties that joined us had expectations as well. From what the Trustee sees, Collin County has met or exceeded the expectations. The same goes for Grayson and Rockwall Counties. Dr. Cruser agreed. Grayson County had no primary care outpatient clinic for this population and is now exceeding 5,000 visits per year. They also have a new primary care residency training program for physicians. Rockwall County has a large focus on children and developmental disabilities. They have three programs which have been showcased at the statewide learning collaborative. Dr. Cruser said we all should be greatly proud of RHP18 as a whole. Trustee Webb thanked Trustee Williams for her hard work in keeping this moving in the right direction. Trustee Williams said PIA deserves kudos for this moving forward. (Time: 2:23 p.m.)

NO ACTION TAKEN

EXECUTIVE SESSION

The Board did not recess into Executive Session. There being no further business of the Board, Trustee Williams adjourned the meeting at 2:23 p.m.

Keith Self, President

ATTEST:

Chris Hill, Trustee/Secretary