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.

EASTERN CRESCENT SUBCOMMITTEE AND STRATEGIC PLANNING COMMITTEE MEETINGS

Wednesday, June 10, 2020

Via toll-free videoconference[1]:

Members of the public may observe and participate in the meeting by connecting to the Ring Central meeting link listed below (copy and paste into your web browser):
https://meetings.ringcentral.com/j/1496699627?pwd=TWV3eFdRcXQySkhmQTNpc2NZRG9OQT09
Password: 878685

A member of the public who wishes to make comments during **Public Communication** portion of the meeting must properly register with Central Health ***no later than 10:30 a.m. on June 10, 2020***. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at https://www.centralhealth.net/meeting-sign-in/, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Central Health will receive Public Communication for both the Eastern Crescent Subcommittee and the Strategic Planning Committee at the commencement of the Subcommittee meeting. Public Communication will be conducted in the same manner as it has been conducted at in-person meetings, including 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.

SUBCOMMITTEE AGENDA[2]

12:00 p.m.

1. Review and approve the minutes of the March 11 and May 13, 2020 meetings of the Eastern Crescent Subcommittee. (*Action Item*)

2. Discuss and provide direction on processes for health care delivery planning and community engagement for interim and long-term facilities in the Eastern Crescent. (*Informational Item*)

3. Receive an update and take action on the relocation of the resource center for Colony Park, from Volma Overton Elementary School to Barbara Jordan Elementary School. (*Action Item*)

4. Receive an update and take action on the process for staffing the resource center, to be relocated from Volma Overton Elementary School to Barbara Jordan Elementary School. (*Action Item*)

5. Receive an update on the planned land acquisition on the city tract for the future Loyola Town Center. (*Informational Item*)

6. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location. (*Informational Item*)

COMMITTEE AGENDA[2]

1:00 p.m. or following the Eastern Crescent Subcommittee Meeting

1. Review and approve the minutes of the March 11 and May 13, 2020 meetings of the Strategic Planning Committee. (*Action Item*)

2. Discuss proposed Fiscal Year 2021 Strategic Priority focus category: "Improving Access to Care." (*Informational Item*)

3. Receive a presentation on Central Health Board reporting dashboards on patient reported outcomes and patient experience. (*Informational Item*)

4. Receive a report on the results of the Telemedicine survey during COVID-19. (*Informational Item*)

5. Receive a report from the Eastern Crescent Subcommittee on items discussed and take appropriate action on items recommended by the Subcommittee, including:
    a. the relocation of the resource center for Colony Park, from Volma Overton Elementary School to Barbara Jordan Elementary School; and
    b. processes for staffing the resource center, to be relocated from Volma Overton Elementary School to Barbara Jordan Elementary School. (*Action Item*)

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

[1] By Emergency Executive Order of the Governor, issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location.

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

The Eastern Crescent Subcommittee and 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 Subcommittee or 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 agendas. However, Board members who are not Subcommittee or Committee members will not vote on any Subcommittee or 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.

Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 5th day of
June 2020

Dana DeBeauvoir
County Clerk, Travis County, Texas

By A MACEDO Deputy

SEAL OF COUNTY COURT * TRAVIS COUNTY TEXAS *

FILED AND RECORDED
OFFICIAL PUBLIC RECORDS

Dana DeBeauvoir

Dana DeBeauvoir, County Clerk
Travis County, Texas

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CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

June 10, 2020

AGENDA ITEM 1

Review and approve the minutes of the March 11 and May 13, 2020 meetings of the Eastern Crescent Subcommittee.

MINUTES OF MEETING – MARCH 11, 2020

CENTRAL HEALTH
EASTERN CRESCENT SUBCOMMITTEE

On Wednesday, March 11, 2020, the Central Health Eastern Crescent Subcommittee convened at 12:01 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Briana Yanes.

Subcommittee Members present: Chairperson Jones

Board Members present: Manager Greenberg, Manager Bell, and Manager Museitif (arrived at 12:27 p.m.)

SUBCOMMITTEE AGENDA

1. Review and approve the minutes of the February 19, 2020, meeting of the Eastern Crescent Subcommittee.

Clerk's Notes: Discussion on this item began at 12:01 p.m.

Manager Bell moved that the Committee approve minutes of the February 19, 2020, meeting of the Central Health Board of Managers Eastern Crescent Subcommittee.

Manager Greenberg seconded the motion.

Chairperson Jones	For
Manager Greenberg	For
Manager Bell	For

2. Discuss the scope of work of the Eastern Crescent Subcommittee.

Clerk's Notes: Discussion on this item began at 12:01 p.m. Chair Jones advised the board that the scope of the Eastern Crescent Subcommittee is to review and discuss reports and updates from staff regarding demographics, service level data updates, and tracking of service delivery enhancements in order to address disparities, to build equity and access, all with a focus of improving health in the Eastern Crescent.

No action was taken on item 2.

3. Review maps and discuss the geographic areas to be considered as residing within the Eastern Crescent.

Clerk's Notes: Discussion on this item began at 12:03 p.m. JP Eichmiller, Senior Director of Strategy and Information Design, and Ashley Levulett, Strategy Data Analyst, presented the Eastern Crescent geographic and demographic analysis. The presentation included a graph of the Austin/MSA population growth from 2010 to 2018. The presentation highlighted the economic factors causing the growth, such as Travis County leading all Texas counties in job growth. They also presented graphs with breakdowns of household incomes, race and ethnicity in the City of Austin, and housing costs throughout the years. The conclusion was that population growth is surging but has slowed in Austin and that job growth in Travis County is among the highest in the country. Lastly, the Latino/Hispanic population is decreasing, Asian and African American populations are increasing, and Whites have the highest rate of growth.

No action was taken on item 3.

4. Receive an update on forthcoming reports and data that can be used to inform the work of the Eastern Crescent Subcommittee.

Clerk's Notes: Discussion on this item began at 12:19 p.m. Sarita Clark-Leach, Director of Analytics and Reporting, and JP Eichmiller, Senior Director of Strategy and Information Design, presented an update on forthcoming reports and data sets. They informed the Board that the reports and data sets they would be seeing in the future include Central Health demographic reports, patient mapping, facility mapping, Access to Care/Access to Coverage, service dashboards, clinical needs prioritization, health indicators, and a framework for collaborations with community groups/stakeholders.

No action was taken on Item 4

5. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.

Clerk's Notes: Discussion on this item began at 12:45 p.m.

Chairperson Jones announced that the next Central Health Board of Managers Eastern Crescent Subcommittee is scheduled for April 8, 2020 at 12:00 p.m., at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Manager Greenberg moved that the Committee adjourn.

Manager Bell seconded the motion.

Chairperson Jones	For
Manager Greenberg	For
Manager Bell	For
Manager Museitif	For

MINUTES OF MEETING – MAY 13, 2020
CENTRAL HEALTH
EASTERN CRESCENT SUBCOMMEE

On Wednesday, May 13, 2020, a meeting of the Central Health Eastern Crescent Subcommittee convened in open session at 12:00 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Subcommittee members present via video and audio: Chairperson Jones, Manager Valadez.

Mangers present: Vice-Chair Bell, Manager Museitif, Manger Zamora

Absent:

SUBCOMMITTEE AGENDA

1. **Receive an update on the interim and long term plans for facilities in the Eastern Crescent.**

Clerk's Notes: Discussion on this item began at 12:17 p.m. Ms. Stephanie McDonald, VP Enterprise Alignment and Coordination presented on Eastern Travis County Facility Planning. The presentation included a summary of the facility development phases as well as a list of community input activities.

No motion necessary.

2. Receive a status update on COVID-19 testing in the Eastern Crescent and reopening of recently closed facilities in these communities.

Clerk's Notes: Discussion on this item began at 12:03 p.m. Ms. Yvonne Camarena, CommUnityCare Chief Operating Officer and Mr. Matt Balthazar, CommUnityCare Vice President of Health Center Advancement presented a status update on COVID-19 testing in the Eastern Crescent and reopening of recently closed facilities in these communities. The presentation included a few graphs showing the number of patients seen at different testing locations.

No motion necessary.

3. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.

Clerk's Notes: Discussion on this item began at 12:38 p.m.

Chairperson Jones announced that the next Central Health Board of Managers Eastern Crescent Subcommittee is scheduled for June 10, 2020 at 12:00 p.m., at the Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702 and/or by remotely by Videoconference if needed.

Manager Valadez moved that the Subcommittee adjourn.

Manager Jones seconded the motion.

The meeting was adjourned at 12:38 p.m.

Shannon Jones, Chair
Eastern Crescent Subcommittee

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers

CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

June 10, 2020

AGENDA ITEM 2

Discuss and provide direction on processes for health care delivery planning and community engagement for interim and long term facilities in the Eastern Crescent.

CENTRAL HEALTH

Central Health

Eastern Travis County Facility Planning

Central Health Board of Managers
Eastern Crescent Subcommittee

Eastern Travis County Project Team
June 10, 2020

ETC Facility Development Phases

1. Needs Assessment/Gap Analysis
2. Service Delivery Model Planning and Development
3. Board Project Approval
4. Land Acquisition
5. Facility Design Funding Budget Approval
6. Facility Design Services Procurement and Contract Award
7. Facility Design Phase
8. Board Approval Construction Funding
9. Space use agreements
10. Service delivery contracts
11. Construction Phase

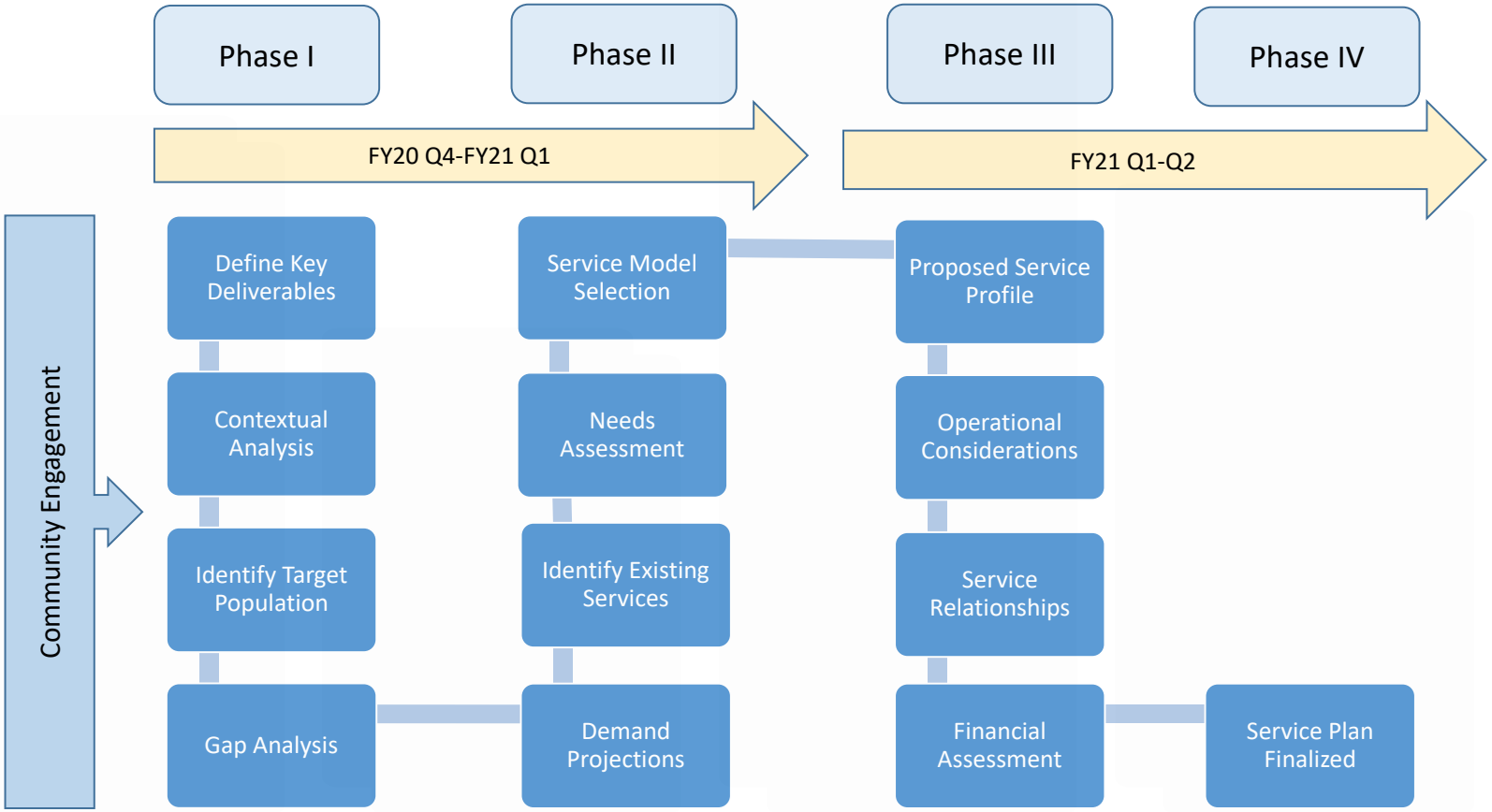
* Community and Stakeholder Input Throughout

Community Input Activities

- Developing a Plan for Assessing Local Needs and Resources
- Understanding and Describing the Community
- Conducting Public Forums and Listening Sessions
  - Conducting Concerns Surveys
- Collecting Information About the Problem
  - Analyzing Community Problems
  - Conducting Needs Assessment Surveys
- Identifying Community Assets and Resources
- Developing Baseline Measures
- Determining Service Utilization
- Qualitative Methods to Assess Community Issues
- Geographic Information Systems: Tools for Community Mapping
- Leading a Community Dialogue on Building a Healthy Community
- Windshield and Walking Surveys
- Using Small Area Analysis to Uncover Disparities
- Developing and Using Criteria and Processes to Set Priorities
- Arranging Assessments That Span Jurisdictions

Modified from The Community Tool Box is a service of the Center for Community Health and Development at the University of Kansas.

ETC Service Planning Process – DRAFT for Discussion Purposes Only



CENTRAL HEALTH

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CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

June 10, 2020

AGENDA ITEM 3

Receive an update and take action on the relocation of the resource center for Colony Park, from Volma Overton Elementary School to Barbara Jordan Elementary School.

ESTIMATED PROJECT BUDGET - AQCQUISTIITION AND RELOCATION OF NEHRC				
Ref	**Description (~ 1,600 GSF Building)**	**Budget**	**Notes**	**Notes**
A	**ABSESTOS DUE DILIGENCE & PROJECT ASSESSMENT* if required**	**$ 12,000**	Reimbursable To AISD	Asbestos Assessment/Abatement if required
B	**START UP COST**	**$ 117,000**	Portable, Site and Portable Prep - Reimbursable to AISD, other initial costs	Portable, Relocate/Transport costs, Utilities, Repairs, FF&E, Signage
C	**INITIAL START UP COSTS**	**$ 6,000**		IT and Insurance
D	**TOTAL ESTIMATED ACQUISITION and RELOCATION COSTS**	**$ 135,000**		FY 2020

CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

June 10, 2020

AGENDA ITEM 4

Receive an update and take action on the process for staffing the resource center, to be relocated from Volma Overton Elementary School to Barbara Jordan Elementary School.

CENTRAL HEALTH Community Care COLLABORATIVE

CommUnityCare SENDERO HEALTH PLANS

Job Description

JOB TITLE: Program and Resources Manager- NEHRC	**JOB CODE: TCHD-D40** **GRADE: NME-022**
DEPT NAME: Administration	**FLSA STATUS:** ☒ **EXEMPT** ☐ **NON-EXEMPT**
DATE CREATED/REVISED: 01/07/2020, REVE 6/4/2020	**REPORTS TO: Enterprise CAO and VP Real Estate and Facilities**
APPROVED BY VP OF HUMAN RESOURCES: ☒ **YES** ☐ **NO**	**EEOC CLASSIFICATION: Professional**

POSITION SUMMARY

(General statement reflecting the overall purpose of the position.)

The Program and Resources Manager for the Northeast Health and Resources Programs "NEHRP" will serve as the community-based manager for health and wellness activities, community relationships, and affiliated program partnerships.

This position will involve using a broad range of skills to accomplish a variety of objectives for the benefit of the community. The ideal candidate will be someone who has worked in a health care setting to improve the health of disenfranchised communities, enjoys different challenges from one day to the next, is passionate about public service, takes the time to know the history of neighborhoods, and believes in the power of community connections and working collaboratively to overcome historical and emerging disparities and create healthy communities. The ideal candidate will hold the improved health of the community as the ultimate vision of success, and not shy away from taking responsibility or hard work.

The Manager will need to design – in conjunction with the community, patients, partners, and within the Central Health Enterprise–a permanent health and wellness center for this area of Northeast Travis County. In doing so, the Manager will need to humbly start with the premise that she, he, or they do not have all the answers and work collaboratively and expeditiously to put in place health and wellness services needed by the patient population. The work environment involves an array of different partners, government and not-for-profit, corporations and foundations, neighborhood associations, and advocate groups, as the model for success depends on coordinating with partners and community.

The Manager will have demonstrable experience in managing temporary facilities and amass knowledge on how to manage mobile programs if necessary. Moreover, the Manager will schedule service providers and create an experience for those receiving services that is warm, friendly, memorable and truly one of respect and honor for those in need. And, when more permanent sites and facilities begin to take shape, contribute directly to the planning effort on how current programs will transition to their permanent sites.

MINIMUM EDUCATION: Bachelor's Degree required

PREFERRED EDUCATION: Master's Degree in Health Care Administration, Public Health, or related field

MINIMUM EXPERIENCE:

- Five (5) years' work experience in healthcare, community engagement, or social services and working with diverse populations.
- Two (2) years' experience in working with underserved communities in Travis County

PREFERRED EXPERIENCE: Bi-lingual English/Spanish language capability strongly preferred

REQUIRED CERTIFICATIONS/LICENSURE: Holds and maintains these certifications as a professional. Lapsing/expiration of these certifications/licensure will result in suspension of work: Licensed social work or other community or health professional licensure strongly preferred.

PREFERRED CERTIFICATIONS/LICENSURE:

REQUIRED COURSES/COMPLETIONS (e.g., CPR): N/A

PATIENT POPULATION/AGES SERVED: (√) Check all that apply

Category	Age	√	Category	Age	√	Category	Age	√
Infant	0-12 mons	√	Adolescent	13-18 yrs	√	Geriatric	70 + yrs	√
Pediatric	1-12 yrs	√	Adult	19-69 yrs	√			√

Does this positon have responsibility to treat or care for patients: ☐ **YES** ☒ **NO**

SUPERVISORY RESPONSIBILITIES: ☒ **YES** ☐ **NO**

ESSENTIAL / PRIMARY DUTIES

(The essential job functions or primary responsibilities that must be performed unaided or with the assistance of an accommodation – all job functions should begin with an action verb)

Essential Duties (these are non-negotiable duties and are absolutely pertinent to successfully completing the job without accommodations):

- Devise a safety-net health care delivery strategy specific to the Colony Park and adjacent communities
- Develop a budget and ensure the budget is adhered to throughout fiscal year
- Collaborate with partners and community leaders
- Work with all departments and partners within the Central Health Enterprise, adhering to business processes, legal requirements, and compliance policies
- Be able to handle all types of weather
- Work remotely and exercise wise judgement when there are no rules or protocols, always putting Mission and ethics first
- Represent Central Health in public events
- Assist with developing and deploying surveys and other forms of measurement to evaluate success of efforts in the community
- Be professional and respectful to colleagues and others, always
- Manage competing political interests and priorities
- Attend events outside of regular work hours
- Establish effective working relationships including working collaboratively with internal and external partners and integrating input from multiple stakeholders
- Be self-motivated and self-directed in identifying workload, establishing priorities and competing simultaneous short and long-term assignments

Experience in:

- Safety-net health care delivery
- Listening to community members
- Managing community-based programs
- Working in settings using medical terminology and adhering to Health Insurance Portability and Accountability Act standards in protection of patient data and privacy
- Explaining and assisting with enrollment in health care insurance and/or funding programs (e.g., Medicaid, CHIP, Medical Access Program, etc.)
- Working with community organizations and special interest groups
- Developing and managing health and wellness programs
- Working with academic institutions and healthcare providers
- PowerPoint, Excel, remote working, and scheduling software
- Working with media including social media to promote events
- Bi-lingual English/Spanish language capability strongly preferred
- Learning new software systems
- Tough life situations, especially in low-income or disenfranchised communities or upbringing

Ability to:

- Be responsive to wellness partners and community members and quickly locate and resolve problems
- Develop written materials for a diverse public audience
- Efficiently manage multiple projects and deadlines
- Clearly report and provide updates
- Work independently and with teams

People Management/Department Management/Business Unit Management:

- Reports to: Initially, a member of the Central Health executive team with other Executives and an experienced health and wellness center operator, ultimately transferring to reporting to executive responsible for community health resources.
- Directs: Contractors, vendors, staff assigned to project teams
- Collaborates with: Neighborhood associations, city governments, Austin Public Health, Travis County Departments, clinical operators, school and educational leaders, Dell Medical School, promoters, event organizers, organizations, and mobile service providers.

DESCRIPTION OF PHYSICAL DEMANDS AND WORKING CONDITIONS

Essential job tasks or primary responsibilities that must be performed unaided or with the assistance of an accommodation. Check appropriate box for each of the following items to best describe the extent of the specific activity performed by the staff members in this position.

Technical/Motor Skills		Mental Abilities		Working Conditions	
Data Input / Typing	☒	Calculations	☒	Inside	☒
Copying	☒	Interpreting Numbers / Data	☒	Outside	☐
Speaking Clearly	☒	Analyzing	☒	Extreme Cold (non-weather)	☐
Answering Telephones	☒	Forecasting	☒	Extreme Heat (non-weather)	☐
Precise Manipulation	☐	Assessing / Evaluating	☒	Temperature Changes	☐
Calibrating Equipment	☐	Explaining / Teaching	☒	Humidity	☐
Reading	☒	Synthesizing	☐	Noise Level:	
		Attention to Detail	☒	*Loud Noise*	☐
		Memory	☒	*Very Loud Noise*	☐
Physical Requirements		Problem Solving / Reasoning	☒	*Quiet*	☐
Eye / Hand / Foot Coordination	☒	Spatial / Form Perception	☐	*Very Quiet*	☐
Fingering / Fine Dexterity	☒			*Moderate Noise*	☒
Handling / Gripping/Squeezing	☒	**Sensory Requirements**		Exposure / Use of sharps	☐
Transferring-Vertical/Horizontal	☒	Ability to see:	☒	Blood / Body Fluid/ Tissue	☐
Lifting / Carrying	☒	*No Special Requirements*	☐	Fumes / Odors	☐
Sedentary	☐	*Close Vision* (clear vision at <20 inches)	☒	Toxic / Caustic Materials	☐
Light: 1-20 lbs.	☒			Dust / Airborne Particles	☐
Medium: 21-35 lbs.	☐	*Distance Vision* (clear vision at >20 feet)	☒	Poor Ventilation	☐
Heavy >35 lbs. with assistance	☐			Radiation	☐
Push / Pull	☒	*Color Vision* (identify and distinguish colors)	☒	Explosive Materials	☐
Climbing	☐			Dangerous Equipment	☐
Balancing	☐	*Peripheral Vision* (ability to observe an area that can be seen up and down or to the left and right while eyes are Fixed on a given	☒	Moving Mechanical Parts	☐
Stooping/Bending	☒			Risk of Electrical Shock	☐
Kneeling	☒			Exposure to Vibration	☐
Walking	☒				

Sitting	☒	point)		**Travel**	
Crouching / Squatting	☒	*Depth Perception* (three-dimensional vision: judge distances and spatial relationships)	☒	Local	☒
Crawling	☐			Out of Town	☐
Standing	☒				
Holding	☒				

Physical Requirements		Sensory Requirements		OSHA Task Category	
Flexing / Positioning/ Twisting	☒	*Ability to Adjust Focus* (adjust eye to bring an object into sharp focus)	☒	At risk for exposure to blood borne pathogens (Category I)	☐
Restraining	☐				
Repetitive Activity	☐			May have exposure to blood borne pathogens (Category II)	☐
Reaching	☒	Ability to hear	☒		
Speed Movement / Velocity	☐	Ability to feel	☒	No intentional exposure to blood borne pathogens (Category III)	☒
		Ability to taste / smell	☒		
				List other:	

I understand it is my responsibility to familiarize myself with all Policies & Procedures of the organization.

The above job description is not intended to be an exhaustive list of all responsibilities, duties, and skills required of the job. Management retains the right to add or to change the duties of the positions at any time with or without notice.

I hereby acknowledge that I have read and understand the position qualifications, primary duties, physical requirements and working conditions and I agree to abide by this job description for as long as I am employed by the Travis County Healthcare District or until it has been revised or my job title changes. I further acknowledge that I have reviewed this job description with my supervisor and that I have been provided a copy of this document.

After reading the primary and essential duties and requirements, do you need accommodations? ☐ Yes or ☐ No
If yes, please indicate your accommodations: _____

_____ _____
Employee Printed Name Employee Number (If Available)

_____ _____ _____ _____
Employee Signature Date Manager Signature Date

CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

June 10, 2020

AGENDA ITEM 5

Receive an update on the planned land acquisition on the city tract for the future Loyola Town Center.

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

June 10, 2020

AGENDA ITEM 6

Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

June 10, 2020

AGENDA ITEM 1

Review and approve the minutes of the March 11 and May 13, 2020 meetings of the Strategic Planning Committee.

MINUTES OF MEETING – MARCH 11, 2020

CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, March 11, 2020, the Central Health Strategic Planning Committee convened at 1:00 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Briana Yanes.

C**ommittee Members present:** Chairperson Bell, Manager Jones, and Manager Museitif

Committee Members absent: Manager Valadez

Board Members present: Manager Greenberg

COMMITTEE AGENDA

1. **Review and approve the minutes of the February 19, 2020, meeting of the Central Health Board of Managers Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 1:00 p.m.

Manager Museitif moved that the Committee approve minutes of the February 19, 2020, meeting of the Central Health Board of Managers Strategic Planning Committee.

Manager Jones seconded the motion.

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

2. **Review and discuss St. David's Foundation's newly formed Community Health Coalition comprised of funders that have convened to promote joint planning and alignment of initiatives addressing social determinants of health in Central Texas.**

Clerk's Notes: Discussion on this item began at 1:01 p.m. Monica Crowley, Chief Strategy & Planning Officer, Amy Einhorn and Iliana Gilman, both with the St. David's Foundation, presented on this item. They discussed the St. David's Foundation's newly formed Community Health Coalition. They explained that the objectives of this Community Health Coalition include to improve community health, to create alignment and coordination, to maximize resources, to provide information and data sharing, and to create transparency.

No action was taken on item 2.

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

Clerk's Notes: Discussion on this item began at 1:28 p.m. Mike McKinnon, Communications Solutions & Innovation Manager, Ted Burton, Vice President of Communications, and Consultants from Belmont Icehouse presented on this item. Mike McKinnon began by showing the Managers how Central Health's media monitoring works. He navigated Managers through the tool he uses so that they were able to see the process. Next, Ted Burton and Consultants from Belmont Icehouse presented on Central Health's branding initiative. They went over their work to date including peer research, stakeholder interviews, creative brief development, name architecture conception, the perception and awareness survey, and the

focus groups and creative development behind the branding. Managers were able to see the different logo designs with the different branded names.

No item was taken on item 3.

4. **Receive a report from the Eastern Crescent Subcommittee on the Subcommittee's scope of work, geographic focus and forthcoming reports and data that will be used to inform the work of the Subcommittee.**

Clerk's Notes: Discussion on this item began at 2:19 p.m. Manager Jones briefly summarized that the Eastern Crescent Subcommittee discussed the scope of work of the Subcommittee, the geographic areas to be considered as residing within the Eastern Crescent, and the forthcoming reports and data that can be used to inform the work of the Subcommittee.

No action was taken on Item 4.

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

Clerk's Notes: Discussion on this item began at 2:20 p.m.

Chairperson Bell announced that the next Central Health Board of Managers Strategic Planning Committee is scheduled for April 8, 2020 at 1:00 p.m., at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Manager Museitif moved that the Committee adjourn.

Manager Greenberg seconded the motion.

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

The meeting was adjourned at 2:21 p.m.

_____
Charles Bell, Chairperson
Central Health Strategic Planning Committee

MINUTES OF MEETING – MAY 13, 2020
CENTRAL HEALTH
STRATEGIC PLANNING COMMITEE

On Wednesday, May 13, 2020, a meeting of the Central Health Strategic Planning Committee convened in open session at 12:40 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee present via video and audio: Chairperson Bell, Manager Valadez, Manager Jones, and Manager Museitif.

Managers present on video: Manager Zamora, Chair Greenberg (joined at 1:02), and Manager Oliver (by phone – joined at 1:25).

Absent:

COMMITTEE AGENDA

1. **Receive Central Health Board reporting dashboards and reporting on strategic objectives.**

Clerk's Notes: Discussion on this item began at 12:41 p.m. Ms. Sarita Clark-Leach, Director of Analytics and Reporting presented the Central Health dashboards that are nearly complete. The dashboards that were presented included network provider maps, interactive demographics dashboard for the Central Health's enrolled population, and interactive services dashboard with number visits and number of patients who utilized services in the primary care setting. Ms. Clark-Leach also presented next steps and what is still to come. Ms. Monica Crowley, Chief Strategy and Planning Officer presented an update on priorities detailed in the Fiscal Year 2020 Budget Resolution aligned with the strategic goals and objectives.

No motion necessary.

2. Receive a demographics report with new data and projections through 2025.

Clerk's Notes: Discussion on this item began at 1:12 p.m. Mr. JP Eichmiller, Senior Director of Strategy and Information Design and Ms. Ashley Levulett, Strategy Data Analyst presented the 2020 Central Health demographic report. The presentation included several maps as visuals as well as next steps. The next steps include finalizing provider maps, completing a seven-county poverty change-over-time analysis, insurance overage analysis, social determinants risk scores, developing a final conclusion, and lastly, printing and distributing the report.

No motion necessary.

3. Discuss initial strategic priorities proposed for FY 2021 Budget.

Clerk's Notes: Discussion on this item began at 1:51 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer gave an overview of the strategic priorities in the upcoming year's budget. These priorities included access to care, ongoing COVID-19 response, enhancing clinical programming and supporting transformational operation initiatives, implementing the hospital funding model, and redeveloping the Brackenridge Campus.

No motion necessary.

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

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

Chairperson Bell announced that the next Central Health Board of Strategic Planning Committee is scheduled for June 10, 2020 at 1:00 p.m. or following the Eastern Crescent Subcommittee Meeting at the

Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702 and/or by remotely by Videoconference if needed.

Manager Valadez moved that the Committee adjourn.

Manager Museitif seconded the motion. The vote to adjourn was unanimous.

The meeting was adjourned at 2:10 p.m.

_____

Dr. Charles Bell, Chairperson
Central Health Strategic Planning Committee

ATTESTED TO BY:

_____

Cynthia Valadez, Secretary
Central Health Board of Managers

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CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

June 10, 2020

AGENDA ITEM 2

Discuss proposed Fiscal Year 2021 Strategic Priority focus category: “Improving Access to Care.”

Overview:

Proposed FY2021 priority categories:

- **Improving access to care [Objectives 1, 2, and 3]**
    - Eastern Travis County: Immediate work is underway as we plan facilities in Colony Park and Del Valle based on identified gaps in care and community input. Planning will commence around Austin's Colony/Hornsby Bend with subsequent reports to the board in late FY2021.
    - Systems-Based Planning: A systems-based approach (see Attachment B)—building on the ongoing Access to Care workgroup, identifying gaps and health disparities from preventive to palliative care and developing system-wide plans to address these gaps that will both develop long-range plans while initially prioritizing high-need service areas and service lines.

- **Ongoing COVID-19 response [Objectives 1 and 2]**
    - Clinical: Ongoing and additional testing capacity and transitions to telemedicine will likely be needed at CUC and other contracted providers.
    - Communications: Continue to support the expansion of education and outreach regarding how to protect yourself from COVID-19 and implement new work focusing on education regarding chronic conditions that exacerbate the illness.
    - Support of Public Health Functions: Continue support of contact tracing efforts and explore expanding adult immunization services for pneumonia and flu vaccinations in order to prevent a worse COVID surge in the fall and winter.

- **Enhancing clinical programming and supporting transformational operational initiatives [Objectives 1 and 2]**
    - Telemedicine: Work with provider partners to develop plans to continue appropriately utilizing telemedicine, virtual care and e-consults for primary, behavioral, and specialty care.
    - EPIC: Support implementation of CommUnityCare's EHR transition.
    - Eligibility and Enrollment: Streamline processes and implement new in-house call center and virtual enrollment options.
    - Medical Management: Strengthen case management and extra-clinical supports and develop home health solutions as appropriate.

- **Implementing the hospital funding model [Objectives 2 and 3]**
    - Operational: Central Health continues work with Navigant to ensure it is prepared to adopt additional responsibilities.
    - Transparency: Continue to establish financial transparency regarding funded services and associated costs.

- **Redeveloping the Brackenridge Campus [Objective 3]**
    - Demolition of buildings has commenced
    - Awaiting final zoning from Austin City Council
    - Continued negotiations with City of Austin for realignment of Red River Street

CENTRAL HEALTH

FY2021 Proposed Strategic Priority Focus Category: Improving access to care

Strategic Planning Committee, June 10, 2020

Dr. Jewel Mullen, Associate Dean for Health Equity

Dr. Alan Schalscha, Chief Medical Officer

Monica Crowley, Chief Strategy & Planning Officer

Strategic Plan FY2019 – FY2024
Board Defined Objectives

- Develop and execute health care delivery strategy based on people and place
- Implement patient-focused and coordinated health care system
- Implement sustainable financial model for health care delivery and system strategies through FY2024

Proposed FY2021 Priority Categories

- **Improving Access to Care including capital planning for additional clinic locations in East Travis County [Objectives 1, 2, 3]**
- Ongoing COVID-19 Response [Objectives 1 and 2]
- Enhancing clinical programming and supporting transformational operational initiatives including implementation of electronic health records system [Objectives 1 and 2]
- Implementing the hospital funding model [Objectives 2 and 3]
- Redeveloping the Brackenridge Campus [Objective 3]

Systems Based Approach – High Level Description

- Recognize how structures create the conditions we face and
- Explore problems more completely and accurately before acting
  - o Assures priorities and decision-making are informed by relevant data
  - o Expands choices to solve persistent issues
  - o Creates more satisfying, long and short term solutions to chronic problems
  - o Supports equity by improving quality across the framework of an entire continuum

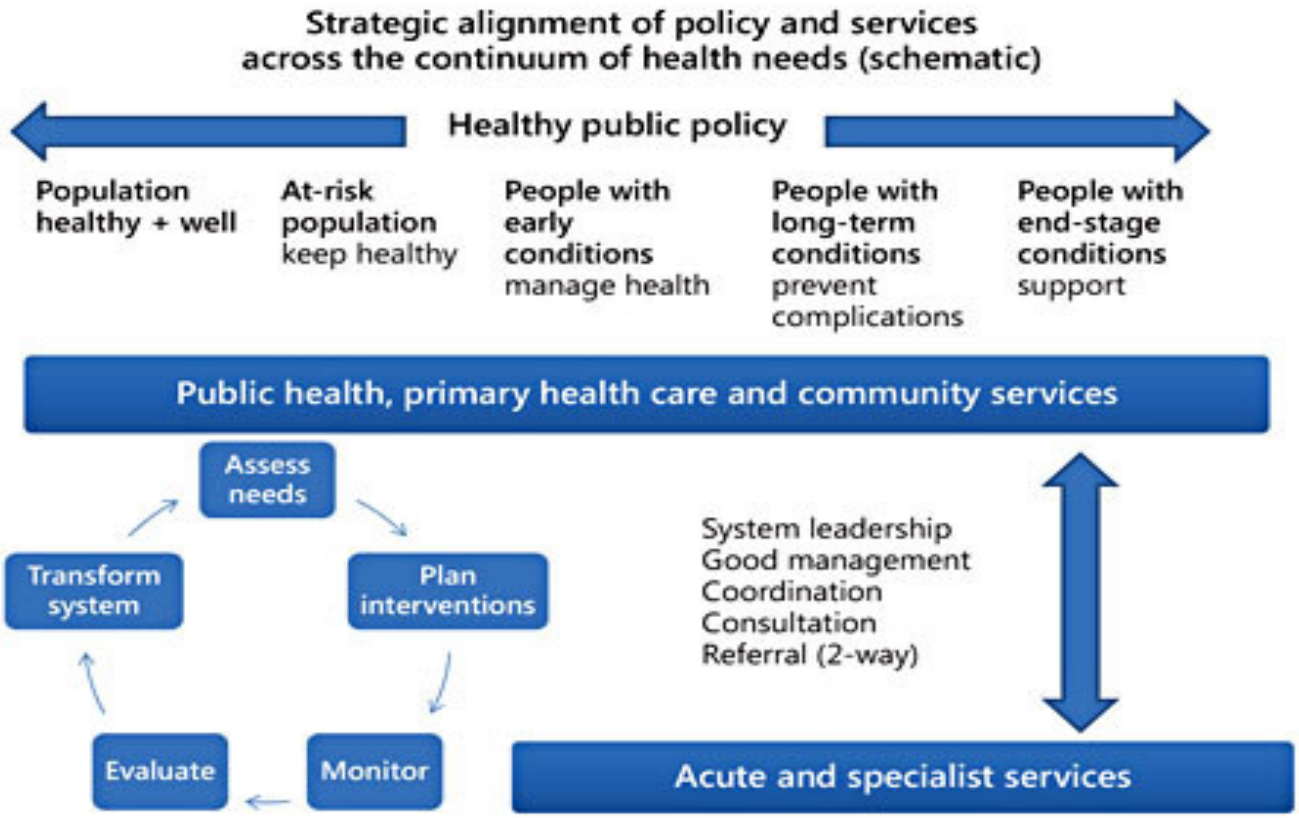
Systems Based Approach – Goals

Achieve equity by designing a health system that is focused on best meeting the needs of the population we serve

Improve health outcomes for low income residents of Travis County

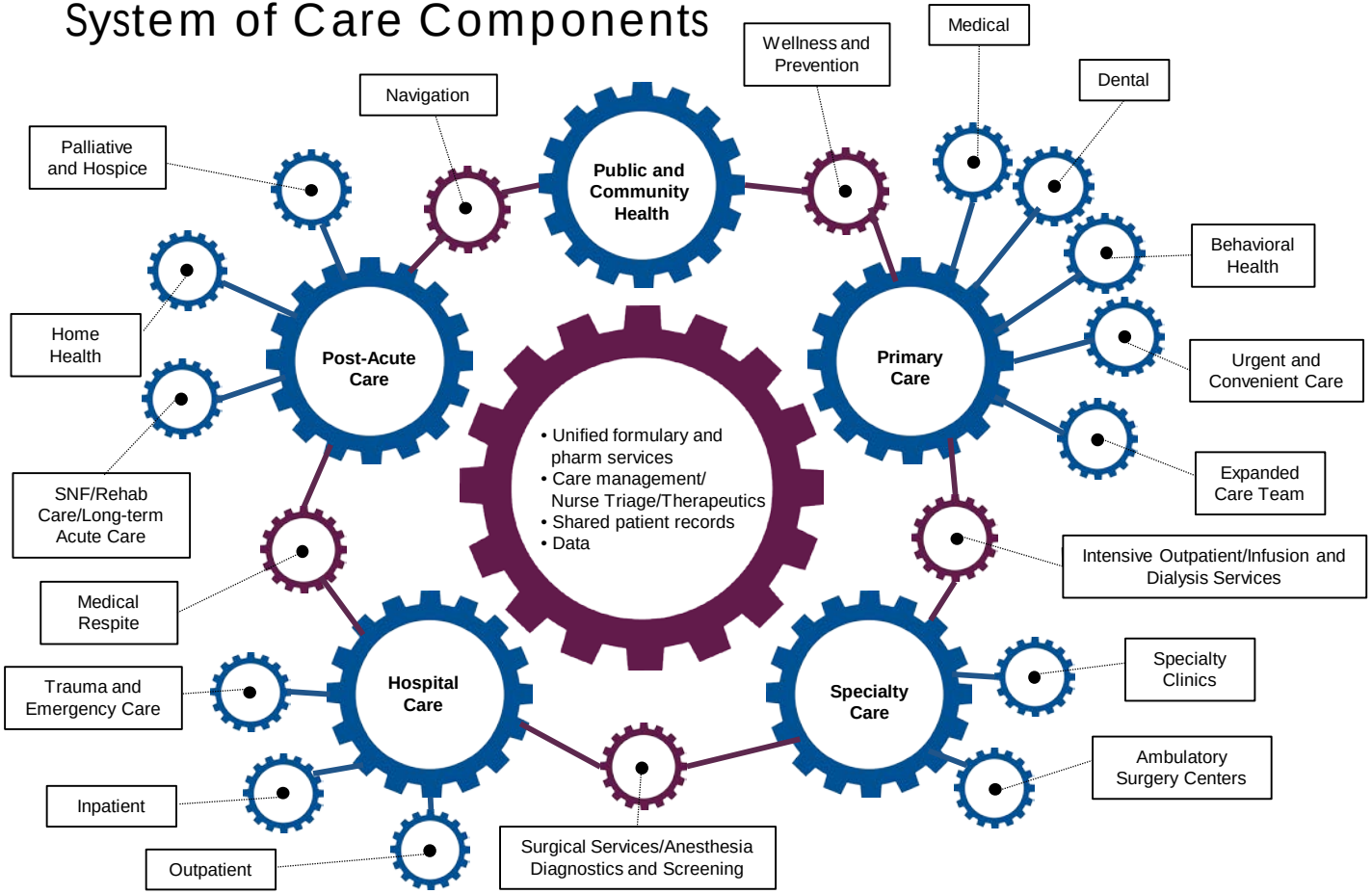
Planning process working from an established definition or concept of equity:

- Includes critical partners from healthcare and health systems
- Articulates a vision for an ideal system of care
- Develops operational strategies including a definition of principles around clinical services and systems of care focused on equity
- Develops funding strategies to enact this vision



* https://www.researchgate.net/publication/270591901_Primary_Health_Care_and_Public_Health_Foundations_of_Universal_Health_Systems

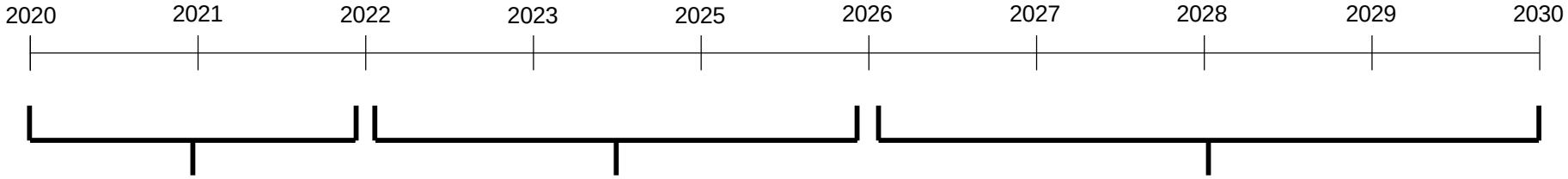
System of Care Components



System Design Goals

- Health equity lens
- Comprehensive and coordinated system – with leadership focused on needs of low income population
- Functional care model design including expanded use of technology and care teams
- Effective and efficient to best meet the needs of the population served and reflecting
  - Timely access to care
  - Evidence based
  - Improved clinical outcomes
  - Decreased morbidity /mortality
  - Improved quality of life
- Sustainable funding model that reflects best use of taxpayer resources focused on needs of population

Indicators/Measures



Short Term
Q4 FY2020 – FY2021

- Agree upon attributes of ideal system of care for Travis County
- Use numerical and personal data to determine areas with disparities, assess level of needs and gaps in care in current system
- Begin work to improve connectors – what ties system together
- Develop and prioritize interventions to address gaps to include in FY2022 budget

Medium Term
FY2022 – FY2025

- Improve what ties system together
- Serve more people in our acute outpatient system
- Meet target times for access to healthcare services
- Build complete pathways for care of top health conditions
- Complete other quality improvement initiatives

Long Term
5-10 years

- Improved morbidity and mortality
- Improved patient determined/reported quality of life measures
- Reduced disparities in health outcomes

Initial Phases – FY20 and FY21

- Q4 FY 2020 – Benchmark and Assessment of Needs – what does our ecosystem look like vs what should our ecosystem look like
- Q1 FY2021 – Goal Setting and Roles of different partners and providers
- Q2 FY2021 – Community Feedback and Prioritization
- Q3 FY2021 – FY2022 Budget Strategic Priority Development

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CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

June 10, 2020

AGENDA ITEM 3

Receive a presentation on Central Health Board reporting dashboards on patient reported outcomes and patient experience.

CENTRAL HEALTH

MEMORANDUM

To: Central Health Strategic Planning Committee
From: Sarah Cook, Senior Director of Planning
Cc: Monica Crowley, Chief Strategy Officer; Jon Morgan, Chief Operating Officer
Date: June 3, 2020
Re: COVID Telehealth Survey; CAHPs and PROMIS Survey

Overview:

Within the past six months, Healthcare Delivery Operations has completed two MAP member surveys: the first was of over 200 patients who had a telehealth visit with CommUnityCare due to COVID-19 restrictions, and the second was our 2nd annual Patient Experience and Quality of Life survey, conducted with a representative sample of MAP patients. The telehealth survey shows almost unanimous support for the COVID telehealth effort, and widespread support of continuing the practice. The Patient Experience/Quality of Life survey shows generally positive experiences with accessing healthcare and a good self-assessment of health, with a few striking differences among race/ethnic groups.

Synopsis:

Telehealth Survey

On March 19, CommUnityCare began shifting patients to telephonic visits in order to minimize in-person contact in response to social distancing measures to mitigate the spread of COVID-19. To learn about patient opinion, we composed a 10-item survey with both discrete and open-ended responses drawn from other telemedicine surveys. The survey was designed so that it can be used again, to gauge opinions on telehealth and how these may change over time. Trained Central Health staff administered the survey between April 21 and May 6, 2020. Survey results are included in the attached pdf; notable points include that 82% of respondents asserted that the telehealth appointment was as good or better than an in person visit; 66% agreed ("completely" or "somewhat") with the statement "I would choose a telehealth visit over an in person visit in the future." Multiple patient comments included gratitude for the option during the pandemic; a preference for a visit that did not require travel to clinic, or waiting to be seen; and the convenience. Some patients noted that adding video capability would improve the experience, and that while telehealth works for some appointments, others would require an in person visit. Overall, patient sentiment was positive: one patient remarked that the telehealth experience would get an A+; another said that the CommUnityCare team "hit it out of the park."

Patient Experience & Quality of Life Survey

In 2019, Central Health performed its second annual Patient Experience & Quality of Life Survey: a representative sample of MAP patients were asked questions from two nationally used survey instruments. Enrollees were asked to rate their mental and physical health, pain, fatigue, and anxiety using a series of 10 questions from the Patient Reported Outcomes Measurement Information System (PROMIS) short-form survey; answers are summarized into two global measures, physical health and mental health. Participants also rated their experience of access to care using a series of 8 questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, from two sections: Getting Needed Care and Getting Care Quickly. We compare our results to national benchmarks taken from similar patient populations, and examine what differences exist by race/ethnicity group. Survey results are attached. Here are two of many interesting findings: between 2018 and 2019, the percent of enrollees saying that they "always" got care quickly jumped from 56.2% to 64.9%, though significant differences persist by race; and, while all groups' self-evaluation of their the physical health and mental health fell into the "good" category, none was better than the national average.

Fiscal Impact: No fiscal impact.

Action Requested: No action requested.

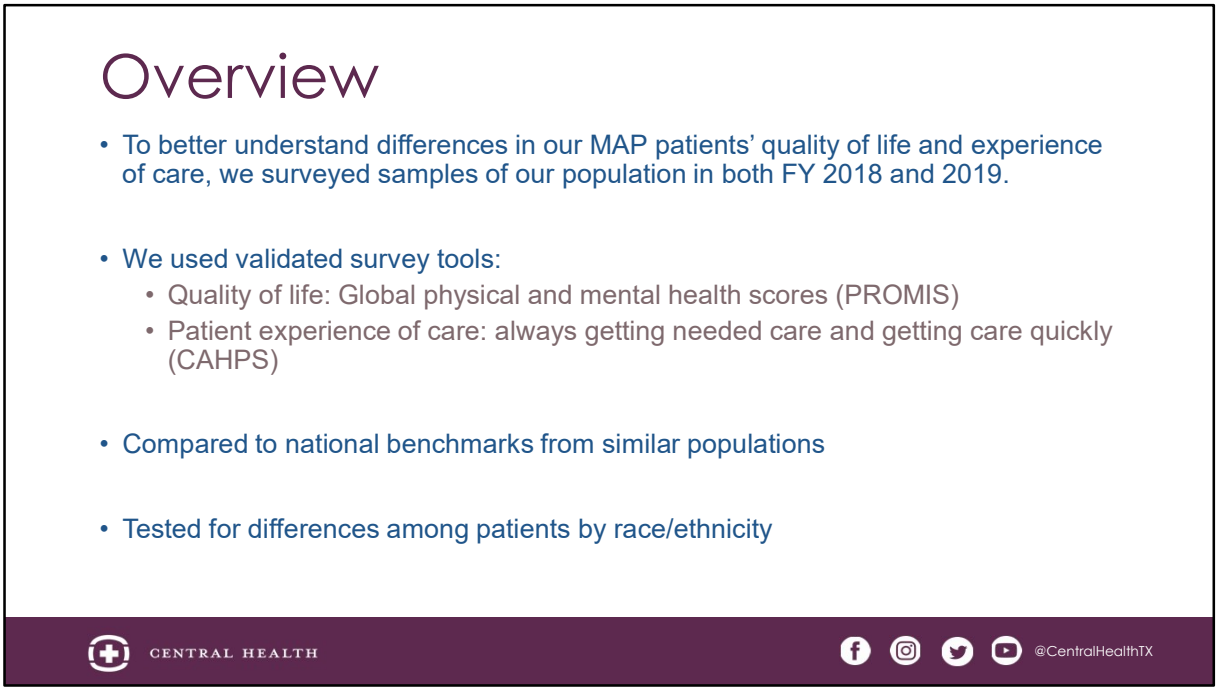
CENTRAL HEALTH

Patient Experience and Quality of Life Survey Results

Central Health Board of Managers

June 10, 2020

Prepared by Sally Gustafson, Revanth Gandhari, and Sarita Clark-Leach



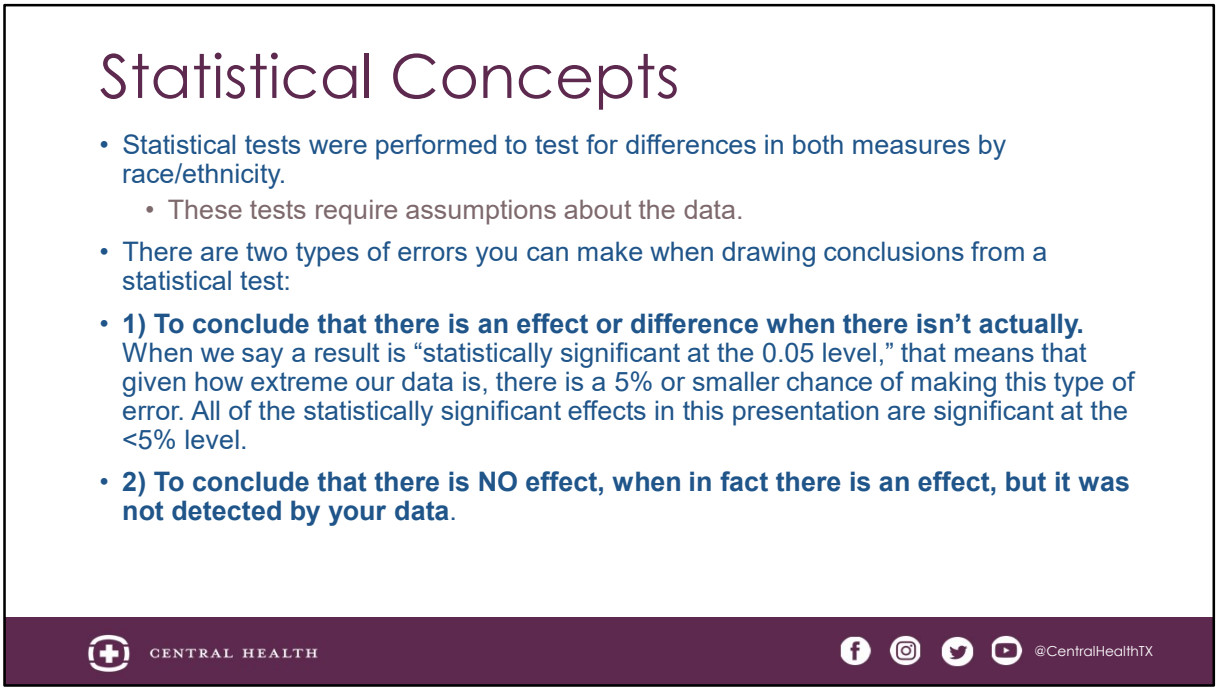
QoL: Patients were asked to rate their mental and physical health, pain, fatigue, and anxiety using a series of 10 questions from the Patient Reported Outcomes Measurement Information System (PROMIS) short-form survey. PROMIS is a validated survey tool whose steward is Healthmeasures.net. Healthmeasures.net is administered by Northwestern University through an NIH grant. The questions are summarized into two global measures, physical health and mental health. Raw scores are converted into standardized T-scores, where a score of 50 represents the average for the US general population.

Experience of care: Patients were asked to rate their experience of access to care using a series of 8 questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey. CAHPS is a validated survey tool whose steward is the Agency for Healthcare Research and Quality (AHRQ). Results from two composite questions are reported: Getting Needed Care and Getting Care Quickly. Each is based on the average "top box" score (most favorable answer) to the two questions that make up the composite.

We compare to national benchmarks taken from similar patient populations. Furthermore, we examined whether differences in responses exist by race/ethnicity group.

Patients sampled

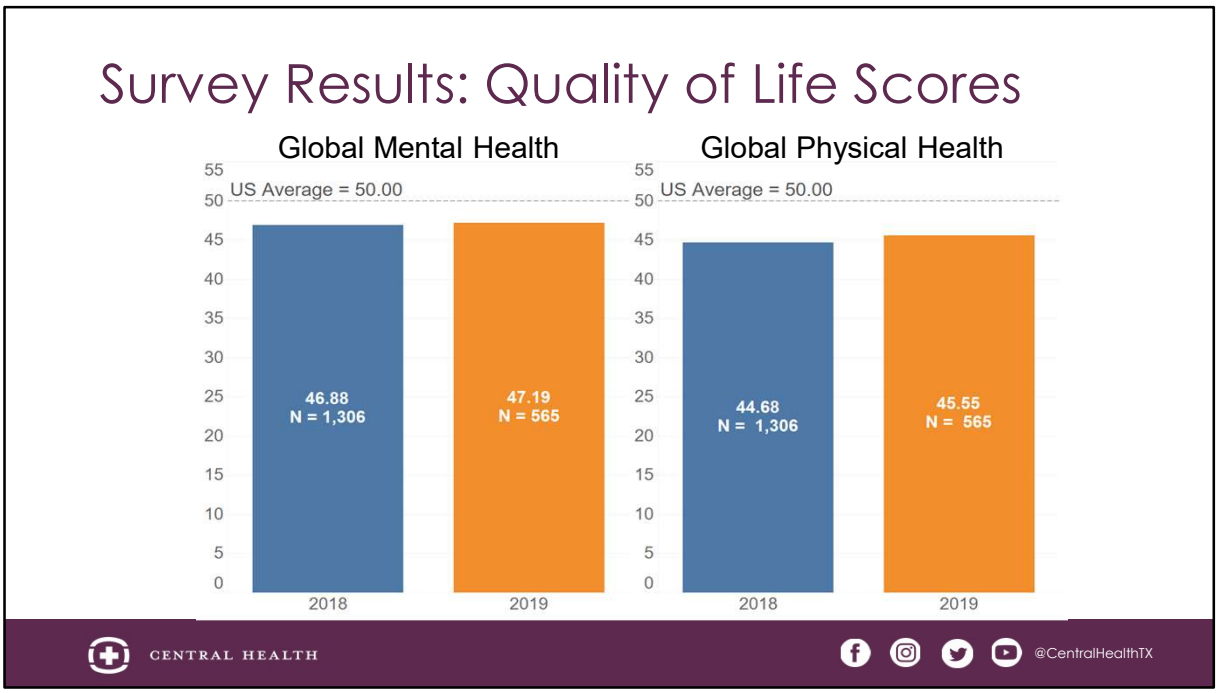
- Patients aged 18+, not homeless and with valid phone number, English or Spanish speaker, currently enrolled and with at least one previous enrollment in past 5 years
- Sampled patients were contacted by phone by United Way of Greater Austin and trained Central Health staff; up to 3 attempts made.
- Calling was done in 2 waves in 2018, and 1 wave in 2019.
  - Overall, 27% of patients responded, 17% declined or were otherwise unable to participate, and 56% were not reached.
  - 360 person-hours
- Approximately 1250 respondents in 2018, and 500 in 2019.



Statistical tests were performed to test for differences in both measures by race/ethnicity. For example, we might ask, do patients of different races have different average mental health scores? Statistical tests require making some assumptions about the data; if the data supports those assumptions, we can use a sample from a population to draw conclusions about the population.

There are two types of errors you can make when drawing conclusions from a statistical test. **One is to incorrectly conclude that there is an effect or difference when there isn't actually.** When we declare a result "statistically significant at the 0.05 level," that means that given how extreme our data is, there is a 5% or smaller chance of making this type of error. This is related to the concept of a p-value—a p-value is the probability of making this type of error. The smaller the p-value, the more extreme our data, and the smaller the chance of this error. All of the statistically significant effects in this presentation are **significant at the <5% level.**

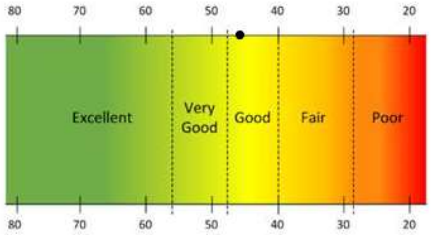
The other type of error is the opposite: **to conclude that there is NO effect, when in fact there is an effect, but it was not detected by your data**. This is most often a concern with small sample sizes. Did we sample enough people to be able to detect differences between race/ethnicity scores?



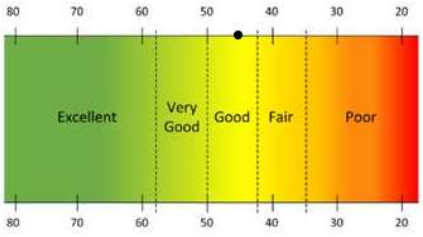
In 2018, a total of **1306** unique MAP Enrollees completed these surveys. The average overall mental health score was **46.9**, and the average overall physical health score was **44.7**. Both scores are lower than the US average of **50.0**, but still fall in the "Good" range.
In 2019, a total of **565** unique MAP Enrollees completed these surveys. Both the average overall mental health score (**47.2**) and the physical health score (**45.6**) were slightly higher than those in 2018; however, both are still lower than the US average of **50.0**. These scores put our patients in the "Good" range.

Interpreting Quality of Life Scores

Interpreting PROMIS® Global Mental Health T-Scores



Interpreting PROMIS® Global Physical Health T-Scores



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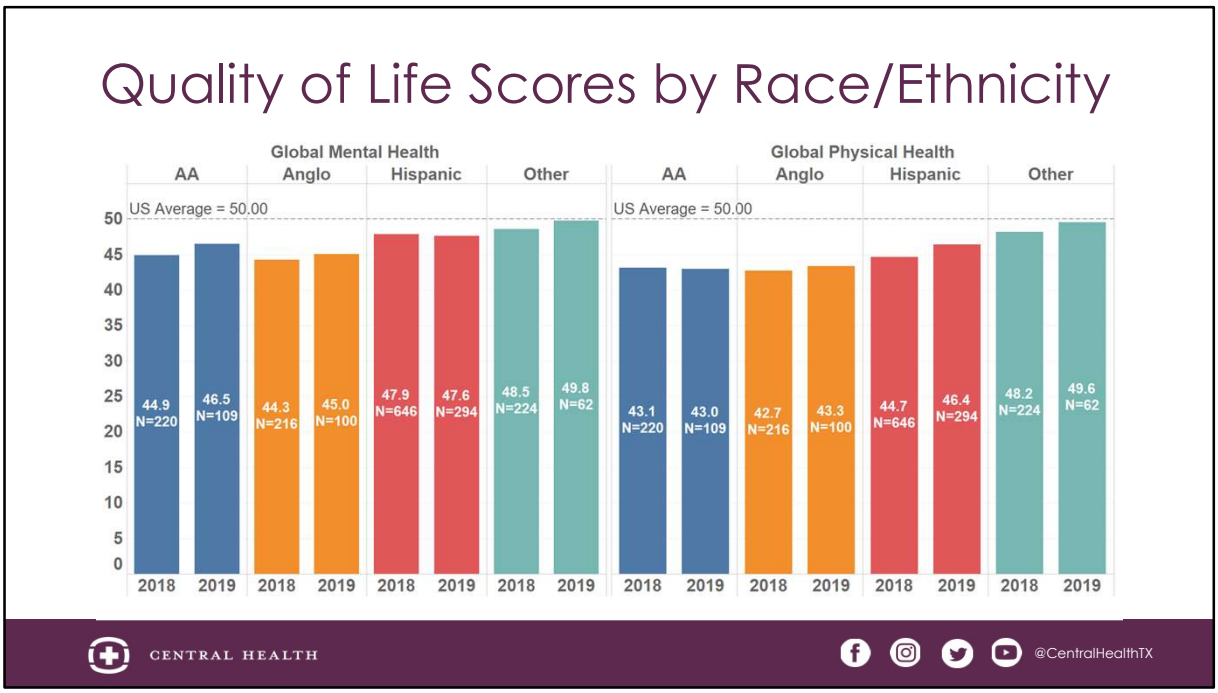
Although our patients' average scores (denoted by a black dot) are below the US national average of 50.0, their scores still fall in the "good" range on both measures.



Summary: "Other" race/ethnicity patients (consisting of Asian, Native American, and other races) had consistently higher Global Mental Health (MH) and Physical Health (PH) Tscores than other race groups in both 2018 and 2019. These differences were almost always statistically significant. Hispanic patients had the second-highest scores for both measures in 2018 and 2019, which were sometimes statistically different from other races; while Anglo and African-Americans had similarly lower scores for both measures, and were always statistically equivalent.

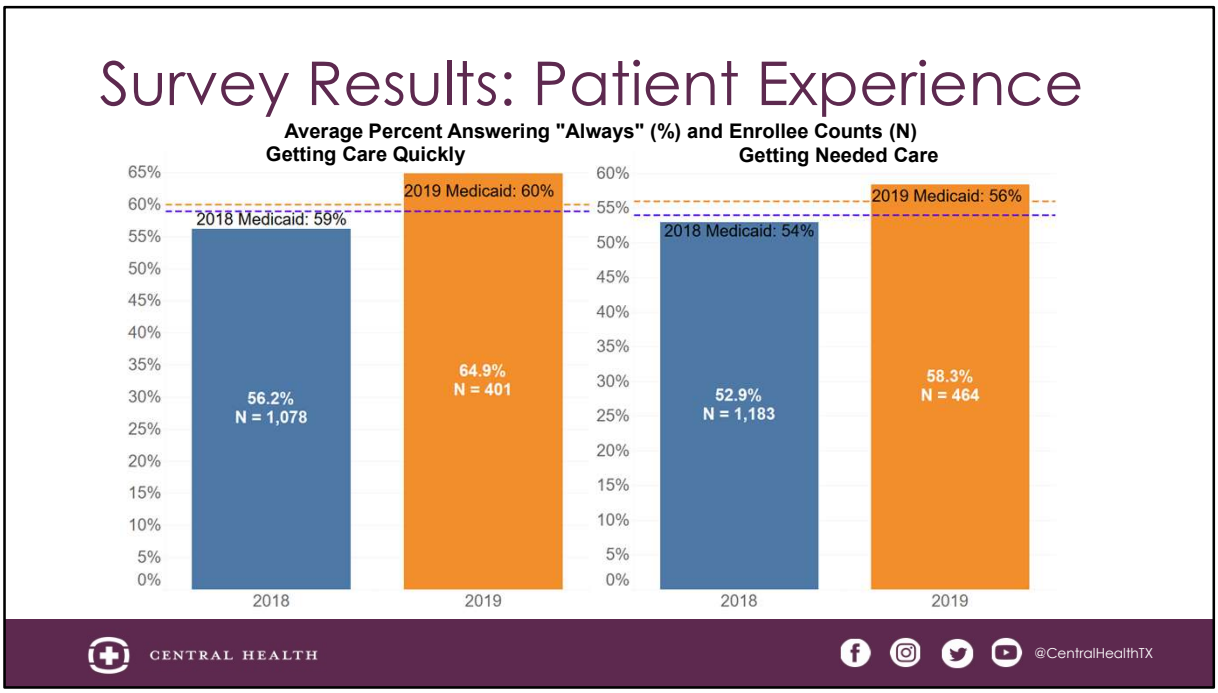
Other race patients: the average PH score in 2018 (**48.2**) was significantly higher compared to the other race groups (Hispanics **44.7**, African Americans **43.1**, Anglos **42.7**), while the average MH score in 2018 (**48.5**) was significantly higher than Anglo (**44.2**) and African-American (**45.0**) patients only. The average PH score in 2019 (**49.6**) was significantly higher than Anglo (**43.3**) and African-American patients (**43.0**) only. Similarly, the average MH score in 2019 (**49.8**) was significantly higher than Anglo (**45.0**) and African-American patients (**46.4**).

Hispanic patients: in 2018, the average MH score for Hispanic patients was **47.9**, which was significantly higher than that of Anglo or African-American patients; and

the average PH score was **44.7**, which was significantly lower than Other race patients but not different from African-American or Anglo patients. In 2019, the average MH and PH scores increased to **47.6** and **46.4**, respectively. Their MH score was significantly higher than Anglo patients (**45.0**) only; similarly, their PH score was significantly higher than Anglo patients (**43.3**) and African-American patients (**43.0**) only.

Anglo and African American patients had the lowest scores for both measures in 2018 and 2019, and were never statistically different from one another.

All statistical tests were corrected for multiple comparisons; statistical significance is at the $p < 0.05$ level.



CAHPS Patient Experience survey measure: "Getting Care Quickly"

In 2018, a total of **1078** patients responded to the "Getting Care Quickly" questions of the survey.

An average of **56.2%** of patients responded that they **Always** received care quickly. This falls below the 2018 adult Medicaid population rate of **59%**.

In 2019, a total of **401** patients responded to the "Getting Care Quickly" questions of the survey.

An average of **64.9%** of patients responded that they **Always** received care quickly. This exceeds the 2019 adult Medicaid population rate of **60%**.

However, the percent of patients answering "Always" often differed significantly by race.

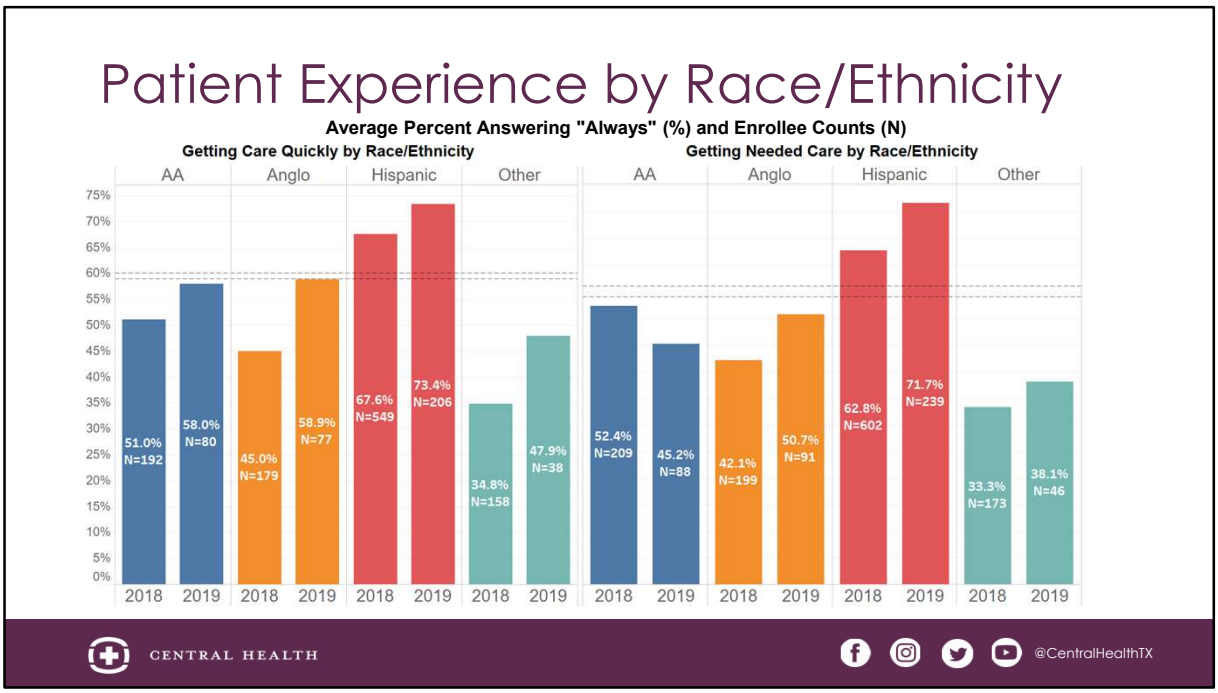
CAHPS Patient Experience survey measure "Getting Needed Care"

In 2018, a total of **1183** patients responded to the "Getting Needed Care" questions of the survey.

An average of **52.9%** of patients responded that they **Always** received treatment, tests and appointments as soon as needed. This falls below the 2018 adult Medicaid population rate of **54%**.

In 2019, a total of **464** patients responded to the "Getting Needed Care" questions

of the survey.
An average of **58.4%** of patients responded that they Always received treatment, tests and appointments as soon as needed. This exceeds the 2019 adult Medicaid population rate of **56%**.
However, the percent of patients answering "Always" often differed significantly by race.



Summary: Hispanic patients answered "Always" most often to both Patient Experience survey measures of "Getting Needed Care" and "Getting Care Quickly," and patients of Other race answered "Always" the least often. African-American and Anglo patients' response rates of "Always" were similar, and fell between Hispanic and Other race groups. **Hispanic patients** were the **only** race/ethnicity group to meet or exceed the average adult Medicaid population answering "Always" for the given measure per year. The percentage of patients that answered "Always" increased from 2018 to 2019 on both measures **except** for African-American patients on the Always "Getting Needed Care" measure. However, because of wide confidence intervals, there were not statistical differences between 2018 and 2019 by race.

Getting Care Quickly: 2018 benchmark 59%, 2019 benchmark 60%

In 2018, Hispanic patients answered "Always" at a statistically significantly higher rate (**67.6%**) than African-American (**51.0%**), Anglo (**45.0%**), and Other (**34.8%**) race patient groups. Other race patients answered "Always" at a statistically significantly lower rate than Hispanic and African-American patients but not Anglo patients.

In 2019, results were similar: Hispanic patients answered "Always" at a statistically

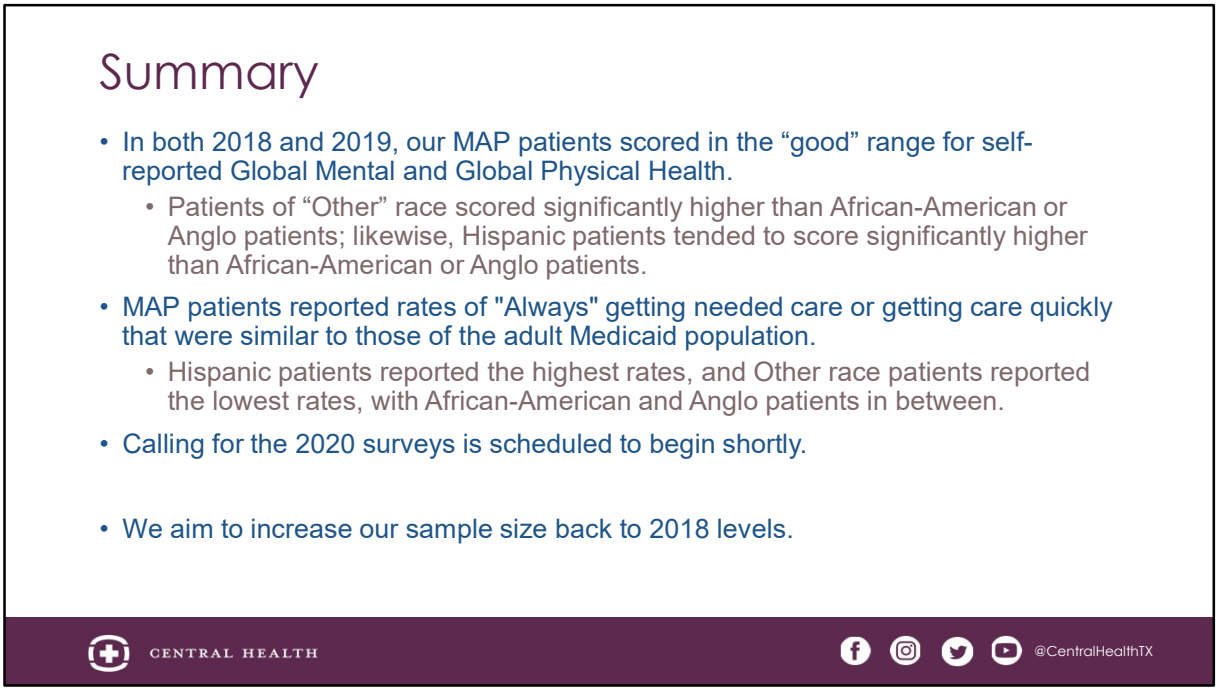
significantly higher rate (**73.4%**) than African-American (**58.0%**), Anglo (**58.9%**), and Other (**47.9%**) race patient groups.

Getting Needed Care: 2018 benchmark 54%, 2019 benchmark 56%

In 2018, Hispanic patients answered "Always" at a statistically significantly higher rate (**62.8%**) than African-American (**52.5%**), Anglo (**42.1%**), and Other race (**33.3%**) patient groups. Each pairwise comparison of patient race groups yielded a statistically significant difference.

In 2019, results were similar to 2018: Hispanic patients answered "Always" at a statistically significantly higher rate (**71.7%**) than African-American (**45.2%**), Anglo (**50.7%**), and Other race (**38.1%**) patients.

All pairwise comparisons are significant at the $p<0.05$ level, and have been adjusted for multiple comparisons.



Race differences in our population are often different from those nationwide. Nationally, white patients almost always report both better PROMIS-scored mental and physical health than any other race, and they tend to report better access to care than any other race (with a few exceptions). This is very different from our sample, wherein white/Anglo patients have 1) lower scores than Hispanics, and 2) similar scores as African-Americans.

There are many studies that report national CAHPS results by race/ethnicity, though patient populations vary widely. One study in particular uses responses from Medicaid beneficiaries, which is a good comparison for our population. The study found that compared with white beneficiaries, American Indian/Alaska Native (AIAN) and Asian/Pacific Islander (API) beneficiaries reported worse experiences, while black beneficiaries reported better experiences. Hispanic vs. white differences were mixed.

These results in general speak to the differences between our population and the national population. Hispanics in our population have the overall best health experience, with the highest access to care and the second-highest self-reported health measures. Other race (non-Asian) patients in our population report much higher mental and physical health than non-white/black/Hispanic/Asian patients in the US population as a whole; while white patients in our population report worse mental and physical health and access to care than white patients in the general

population, or even in the Medicaid and Medicare populations.
The apparent discrepancy for “Other” race patients in our sample is difficult to explain. On one hand, they have the highest self-reported measures of health; on the other hand, they report the lowest access to care. Unfortunately, because of the small number of "Other" race patients sampled, we are limited in the number of stratifications we can perform with this data. Other race patients make up a small (about 8%) percent of the MAP population as a whole.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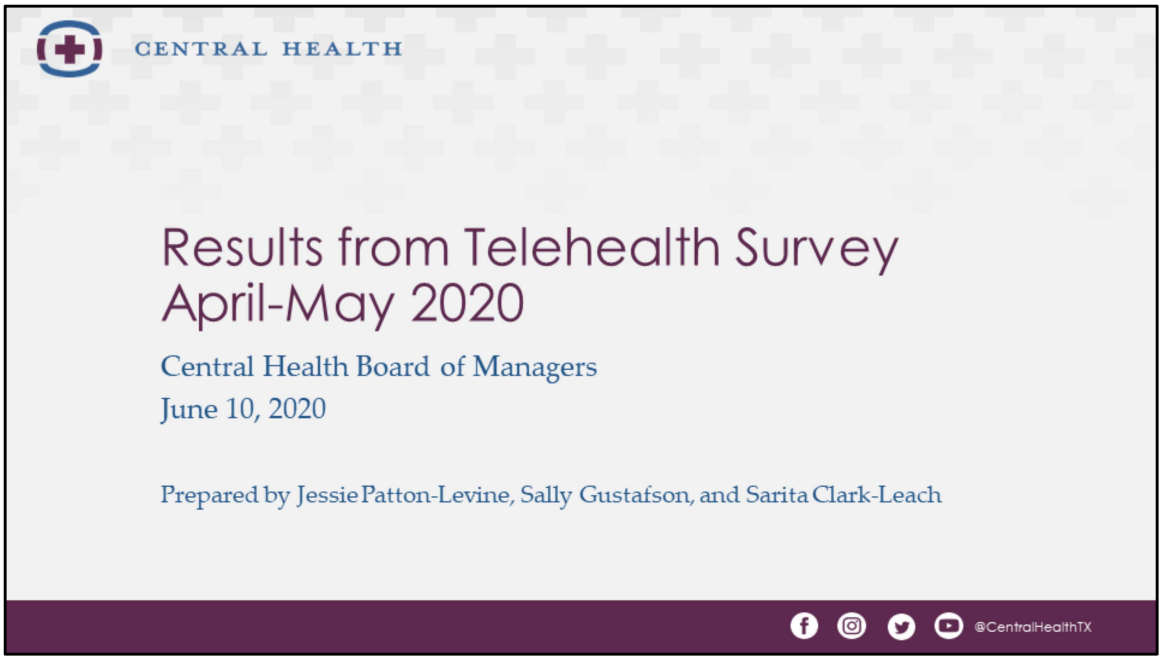
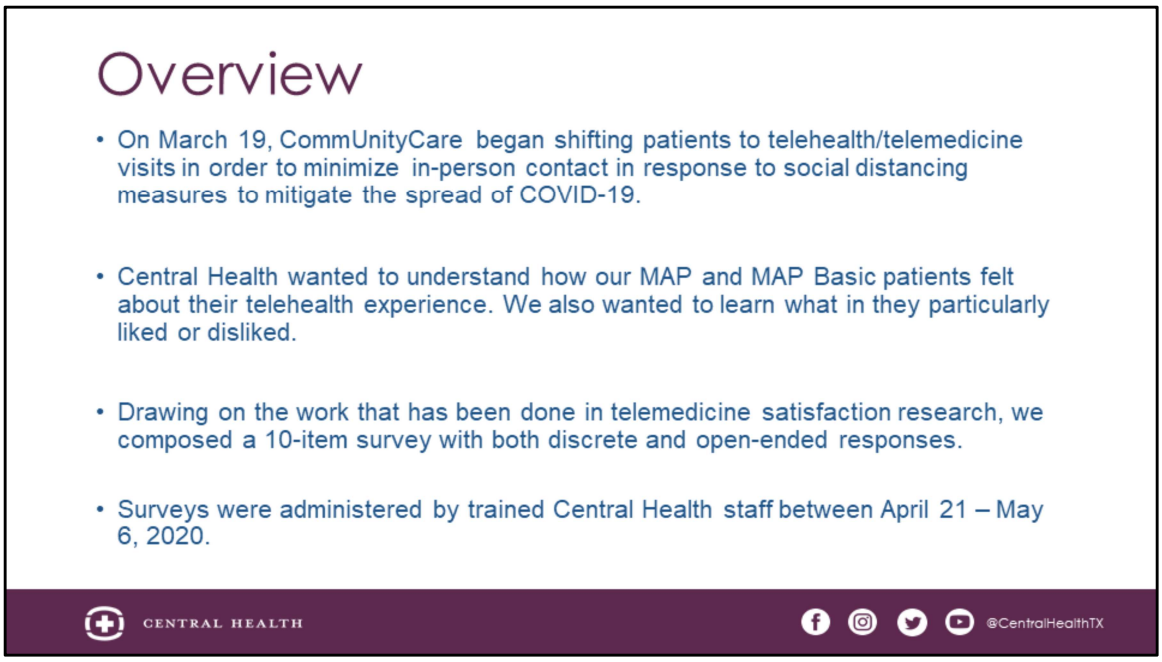
THE STRATEGIC PLANNING COMMITTEE

June 10, 2020

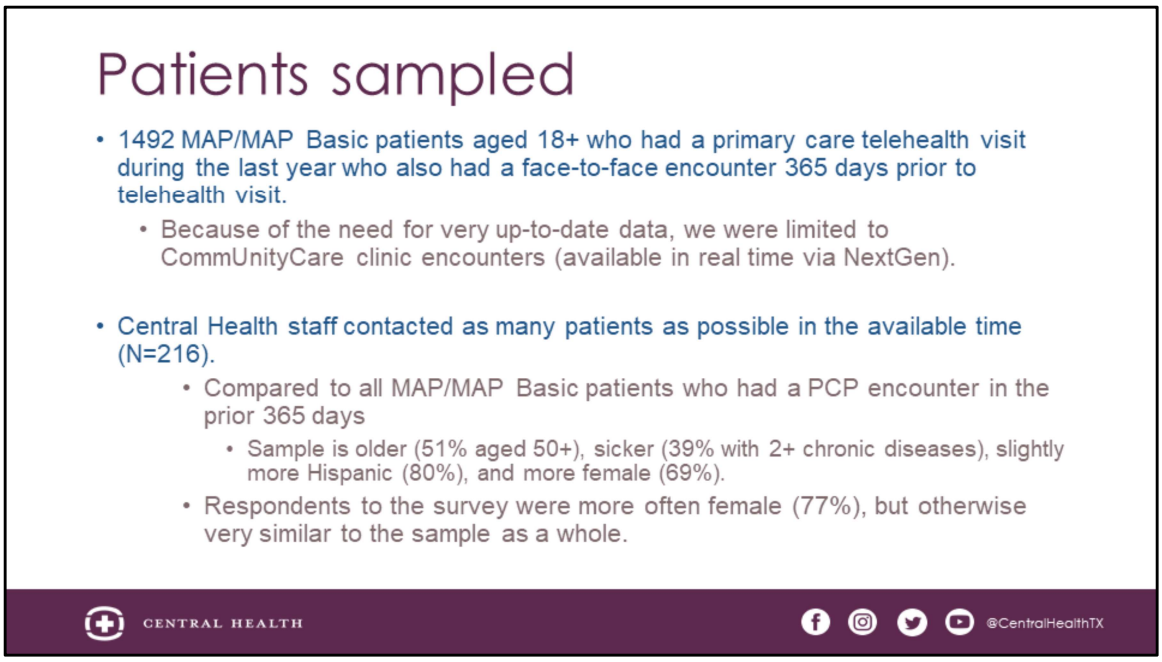
AGENDA ITEM 4

Receive a report on the results of the Telemedicine survey during COVID-19.


CENTRAL HEALTH
Results from Telehealth Survey
April-May 2020
Central Health Board of Managers
June 10, 2020
Prepared by Jessie Patton-Levine, Sally Gustafson, and Sarita Clark-Leach
@CentralHealthTX



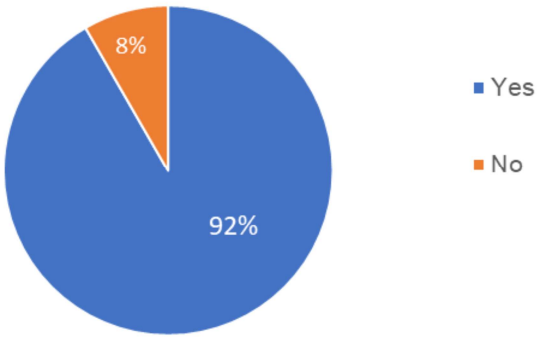
Given that telehealth visits will likely become more widely used in the future, we wanted to learn whether our MAP and MAP Basic patients were just as satisfied with the telehealth service as they were with traditional face-to-face appointments. We also wanted to learn what in particular patients liked or disliked about telehealth, and whether they would choose a telehealth over a face-to-face visit in the future.



We identified MAP/MAP Basic patients who had a primary care telehealth visit during the last year (4/1/2019 – 4/15/2020), and who also had a face-to-face encounter with the same provider in the 365 days prior to that visit. Ultimately, this included telemedicine encounters from 3/18/2020 – 4/15/2020. Limited to patients who were not “New” to the CUC system. “New” patients had either no previous history with CUC, or had not been to a CUC clinic in the previous 3 years.

Survey Results

Was this the first time you had a telehealth visit with someone from your medical home?



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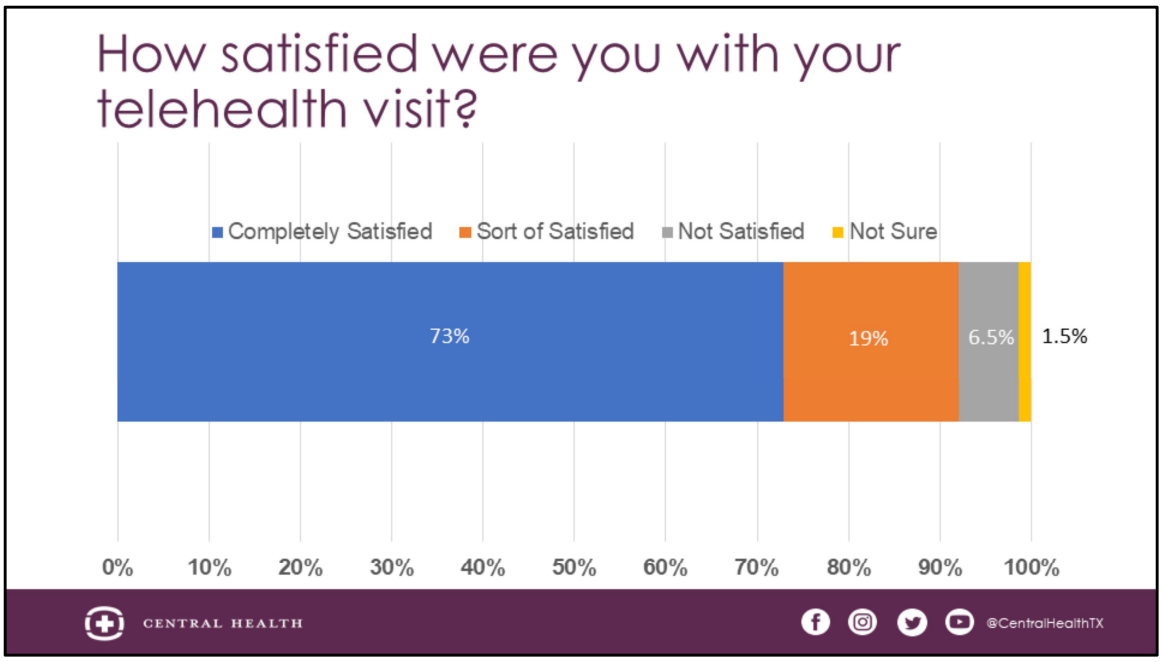
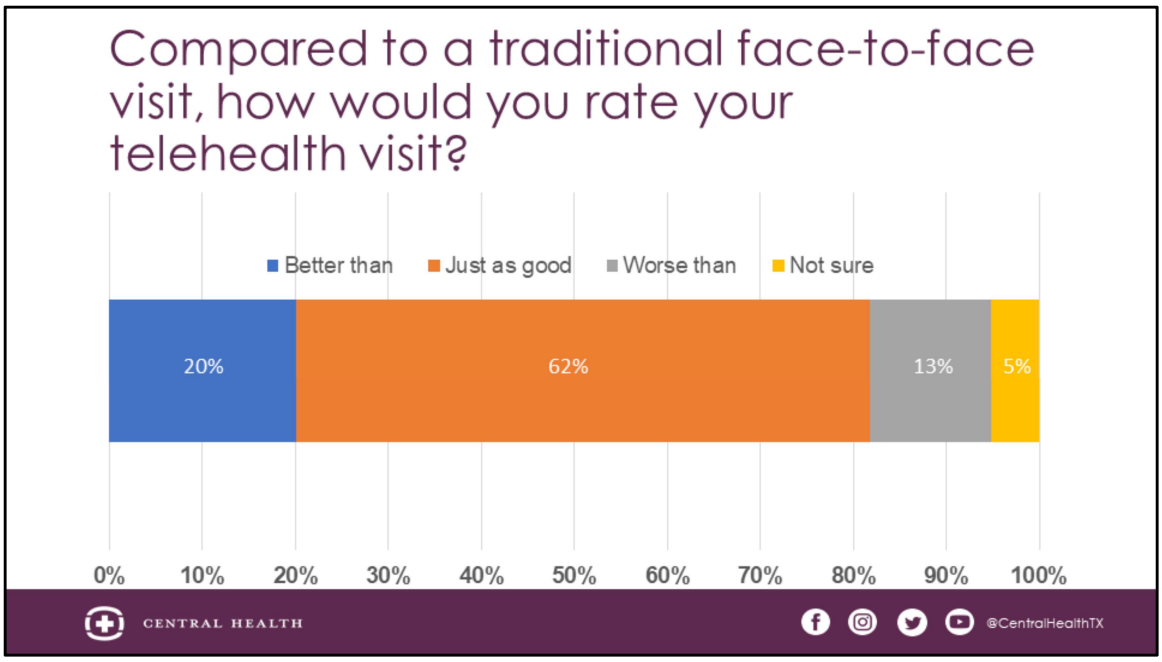
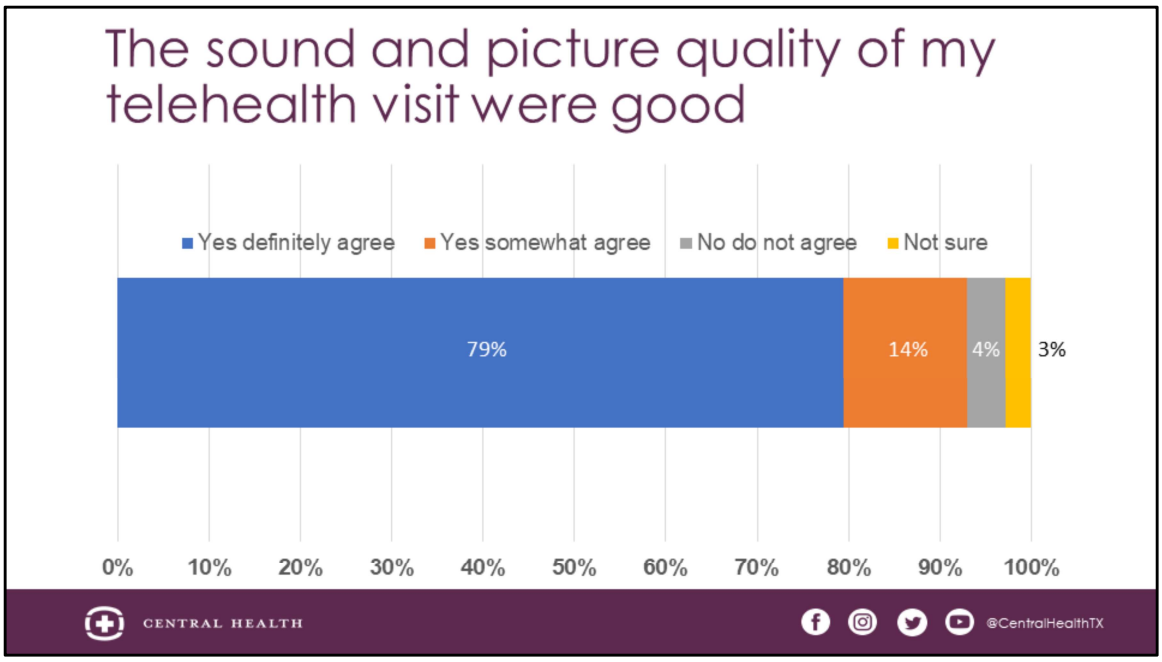


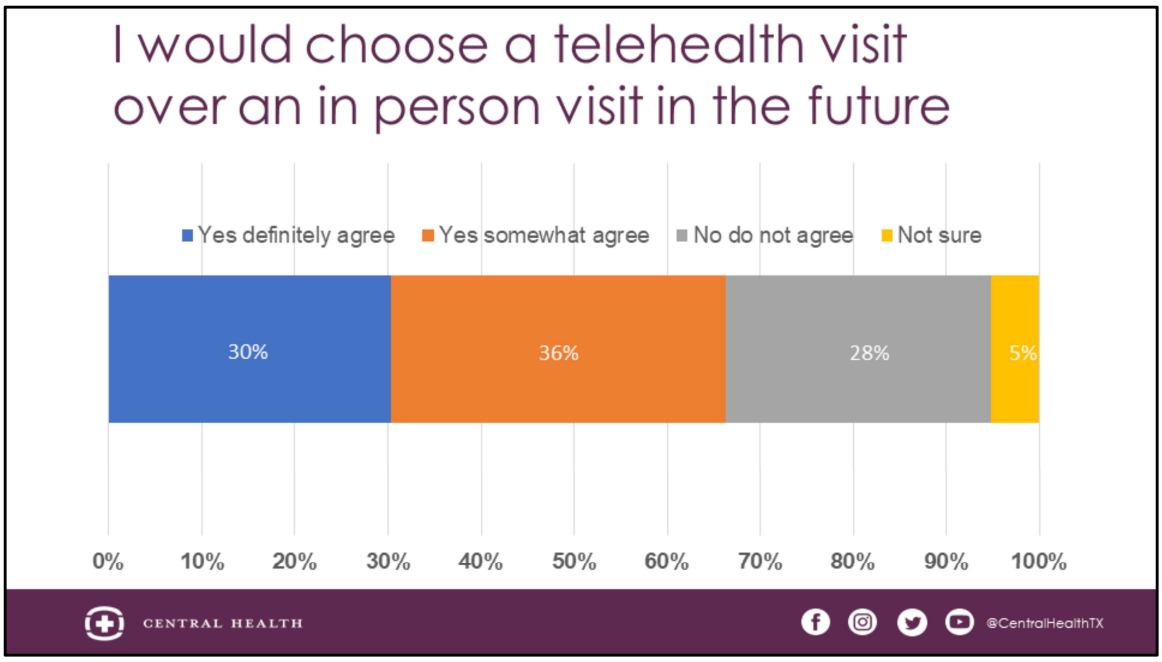
No significant statistical differences by age, race, gender, having more chronic diseases , program, or language. (However, differences may emerge if we were to sample more patients).



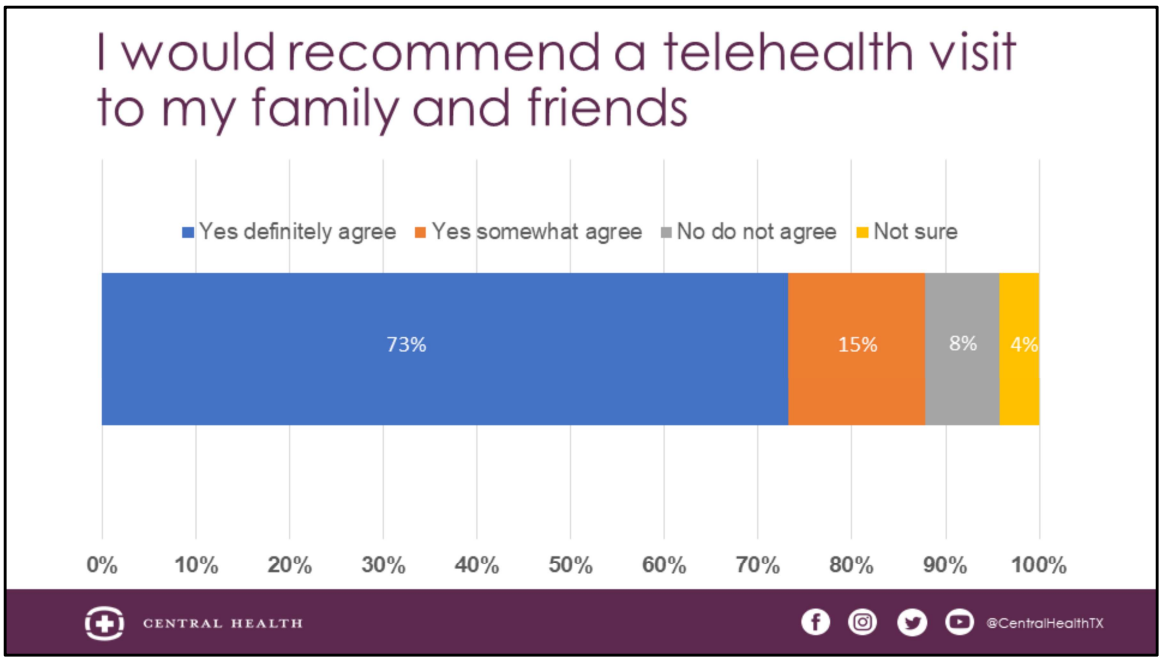
There are no significant differences by demographic variables.



No significant statistical differences by age, race, gender, having more chronic diseases , program, or language. (However, differences may emerge if we were to sample more patients). More patients aged 65+ (13%) did not agree, versus 4% of patients aged 18-49 and 2.5% of patients aged 50-64. This may be something to watch.

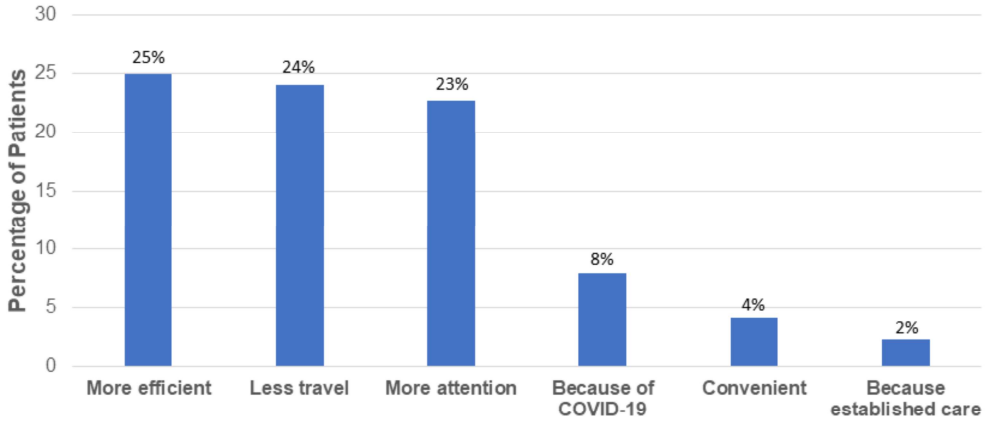


Interesting differences by age. The youngest (18-34) and oldest (65+) were the most polarized; 42% and 40% did not agree, respectively. However, 18-34 also had highest (42%) that definitely agreed.



There was a negative association with age and definitely recommending a telehealth visit to family and friends: 88% of 18-34 definitely agreed, 73% of 35-49, 70% of 50-64, and 67% of aged 65+.

What did you like about telehealth?: Common themes in open-ended responses



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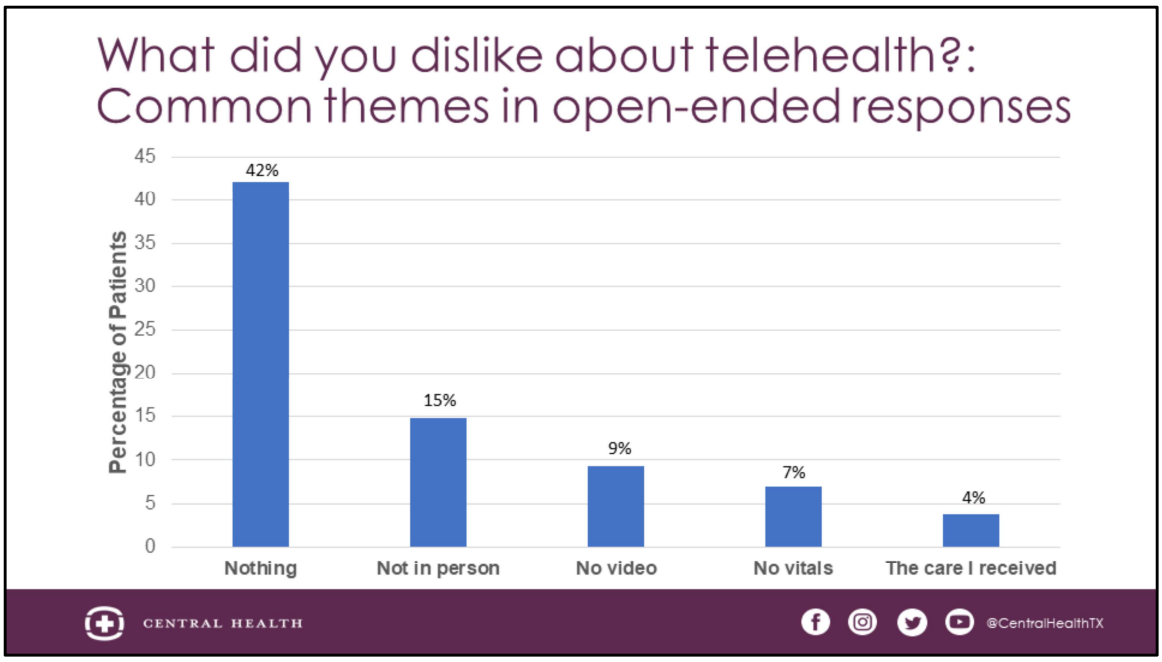
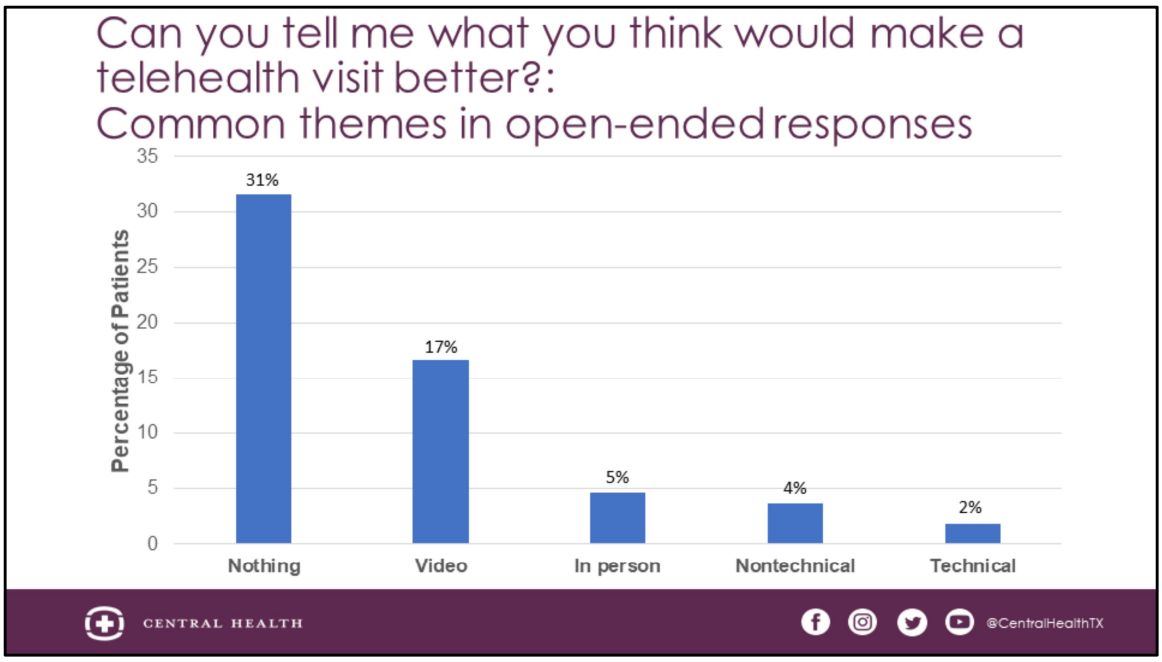
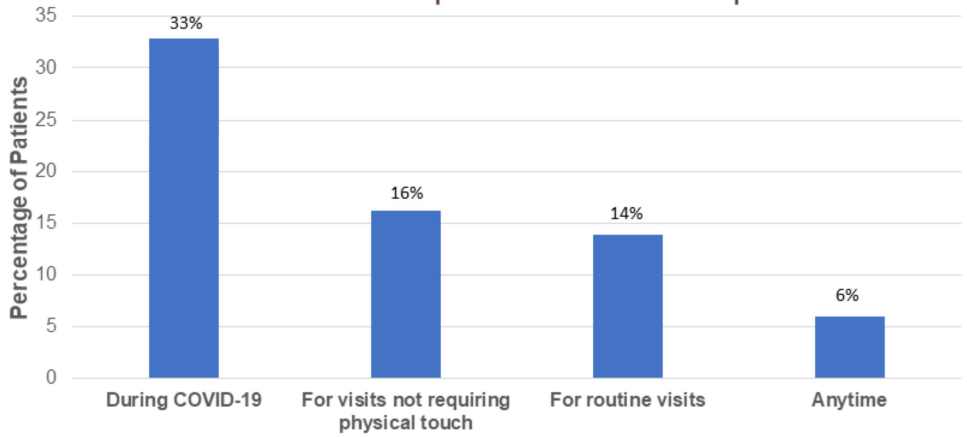


Many patients (42%) specifically said there was nothing they disliked about the telehealth experience. 4% of patients aged 18-34, versus 16% of patients aged 35-49, and 33% of patients aged 65+ also mentioned “not in person” as something they disliked.



Nontechnical reasons ranged from punctuality to concern over interpreter's ability. Technical reasons generally concerned poor connection or difficulty hearing.

When would telehealth be preferable to a face-to-face visit?: Common themes in open-ended responses



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Summary

- Despite our sample being older and with a higher prevalence of chronic diseases than our MAP/MAP Basic population as a whole, both of which could arguably make telehealth less adaptable to this sample, the majority (92%) were satisfied with their telehealth experience.
- 82% said it was better than or just as good as a traditional visit, and 66% agreed (definitely or somewhat) that they would choose telehealth over a traditional visit in the future.
- Increased efficiency and not having to travel seemed to be an important motivators for patients, while a subgroup of patients specifically disliked telehealth not being in person.
- Age had some relationship with experience of and future preference for telehealth.
- 17% of patients specifically mentioned that a video component would make telehealth better.


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THE STRATEGIC PLANNING COMMITTEE

June 10, 2020

AGENDA ITEM 5

Receive a report from the Eastern Crescent Subcommittee on items discussed and take appropriate action on items recommended by the Subcommittee, including:

a. the relocation of the resource center for Colony Park, from Volma Overton Elementary School to Barbara Jordan Elementary School; and
b. processes for staffing the resource center, to be relocated from Volma Overton Elementary School to Barbara Jordan Elementary School.

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THE STRATEGIC PLANNING COMMITTEE

June 10, 2020

AGENDA ITEM 6

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