

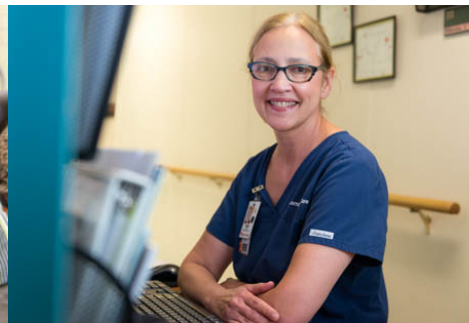
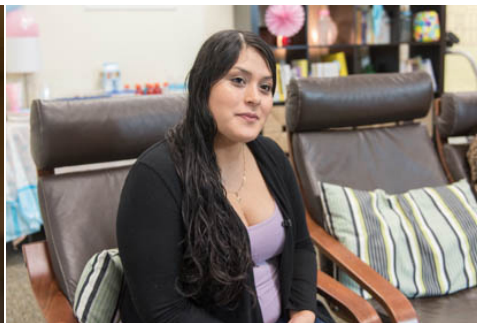


CENTRAL HEALTH

Community Health Champions

Workshop III: Addressing Disparities in Diabetes

Thursday, June 21, 2018



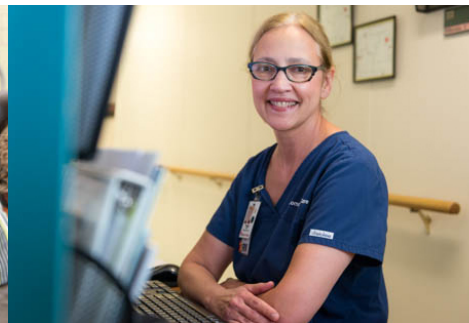
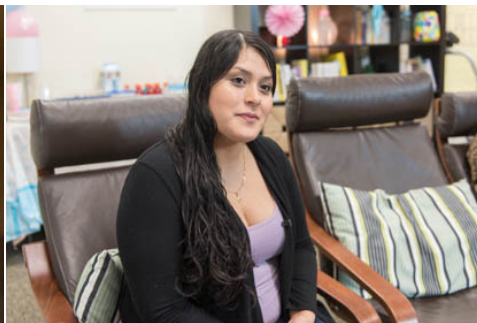


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Welcome

Iván Dávila, Communications and Community Engagement Manager

Shelley Szucs, Business Development Planning Manager for Health Alliances, Seton Ascension

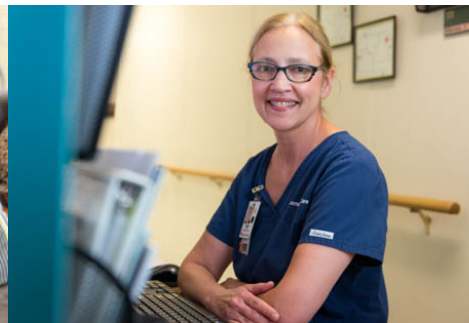
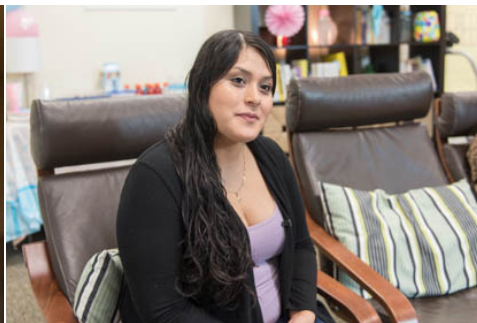




CENTRAL HEALTH

Introduction to the Community Care Collaborative

Mark Hernandez, M.D., Chief Medical Officer,
Community Care Collaborative



Mission and Vision

Vision

A healthcare delivery system that is a national model for providing high quality, cost-effective, person-centered care and improving health outcomes for the vulnerable people we serve.

Mission

To optimize the health of our population while using our resources efficiently and effectively

2018-2022 Strategic Plan

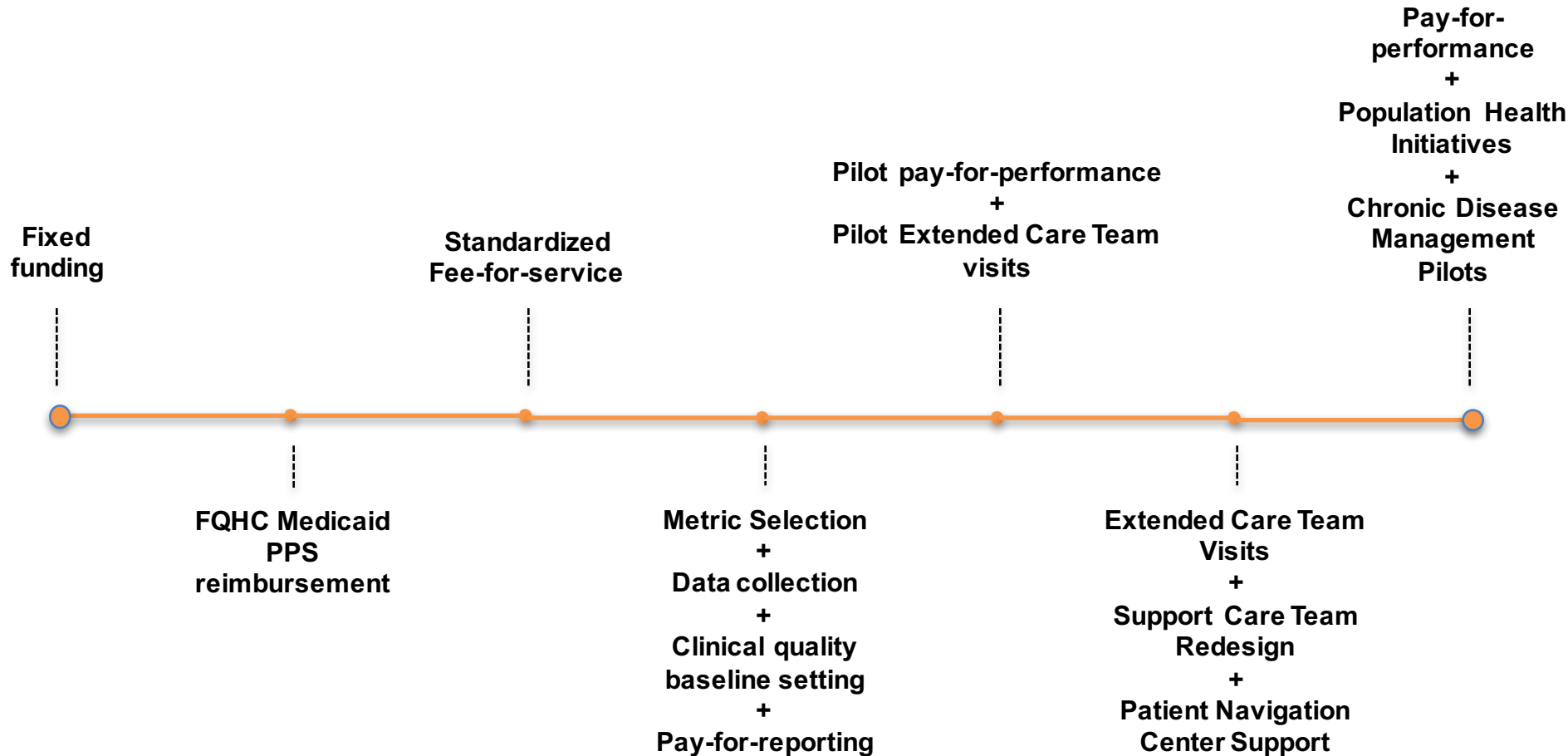
Four Strategic Areas

- **Build an Integrated Delivery System**
 - Ensure access to appropriate services for enrollees, while enhancing care coordination and continuity of care.
- **Redesign Coverage Programs**
 - Redesign local coverage programs (Medical Access Program, Sliding Fee Scale, Seton Charity Care), eligibility rules and covered services to better serve residents for whom the CCC is responsible.
- **Improve Value in Care**
 - Use primary care setting to support value, contracting with partners for better patient outcomes, including maintaining wellness and optimizing the health of chronically ill patients; improve value within specialty care while reducing time to diagnosis and appropriate treatment.
- **Optimize Health Covered Population**
 - Improve health outcomes for the patients for whom we care.

FY 2018 Operational Priorities

- **Build an Integrated Delivery System**
 - OHCA v.2
 - Unified payer
 - Primary care network adequacy
- **Redesign Coverage Programs**
 - Medical Access Program (MAP) expansion
 - Copay restructuring
 - Patient engagement
- **Improve Value in Care**
 - Integrated practice units
 - Specialty care referral and consultation platform
 - Identify efficiencies
- **Optimize Health Covered Population**
 - Specialty care, including cancer
 - Chronic disease management, especially diabetes and hypertension
 - DISRIP 2

Value-Based Care Transformation

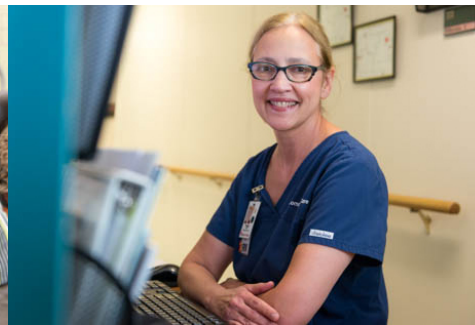




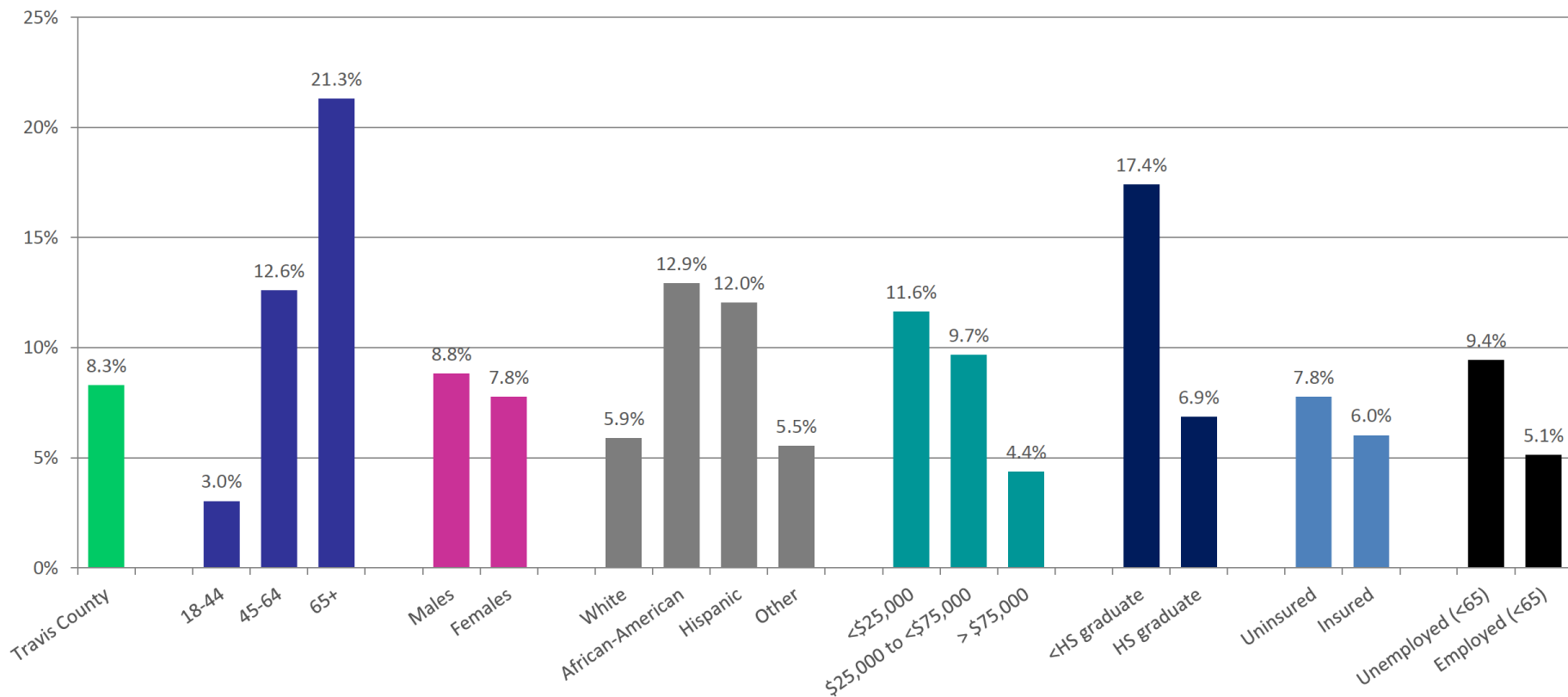
CENTRAL HEALTH

Panel Discussion

Moderated by Iván Dávila, Communications and Community Engagement Manager, Central Health



Diabetes Prevalence Among Adults in Travis County 2012-2016



Panel Discussion

- Susan Dubois, M.D., Director of Specialty Care, Community Care Collaborative
- Elizabeth Marrero, Program Director, Central Health Southeast Health & Wellness Center
- Estaphanie Olivares, Program Coordinator, Austin Public Health
- Sarah Septon, Program Manager, Community Care Collaborative

Q & A



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