



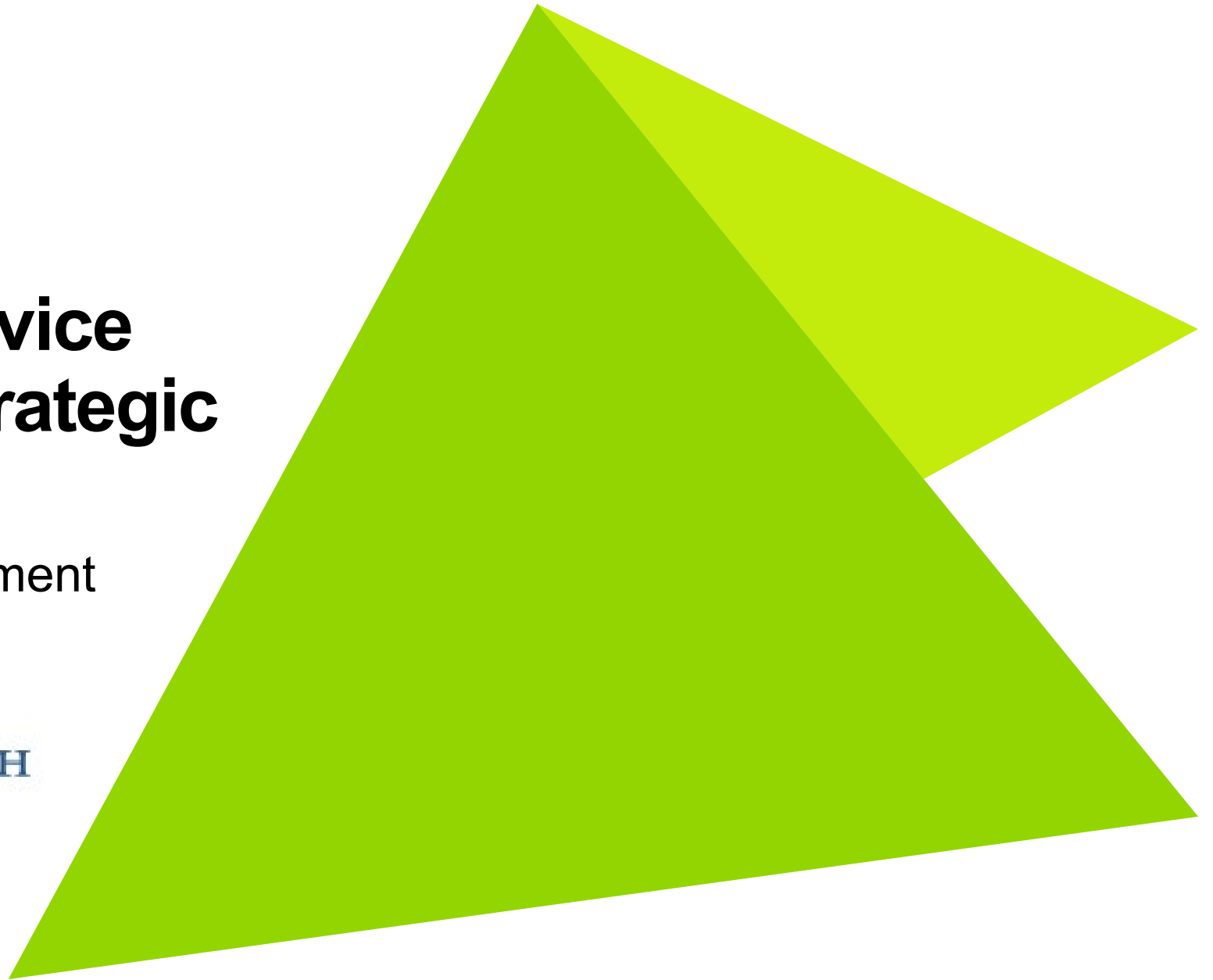
# Equity-focused Service Delivery System Strategic Planning

Capabilities and Gap Assessment



CENTRAL HEALTH

February 8, 2022



# Document Objectives

- 01** | Review criteria for assessing Central Health and the safety-net's continuum of care capabilities
- 02** | Highlight the objective assessment of Central Health's current capabilities
- 03** | Identify gaps in major clinical services needed by Central Health's patients  
*(To improve health outcomes and build health equity for Travis County's safety-net population)*

# Recap: Our approach for developing Central Health’s Equity-focused Service Delivery Strategic Plan

Focus of this document

Needs Assessment	Capabilities Assessment	Clinical Gap Analysis	
<ul style="list-style-type: none"><li>• Demographics</li><li>• Health Status</li><li>• Social Determinants of Health</li><li>• Access to Care</li></ul>	<ul style="list-style-type: none"><li>• Access and Capacity</li><li>• Data and Analytics Infrastructure</li><li>• System of Care</li><li>• Care Coordination</li><li>• Member Engagement</li></ul>	<ul style="list-style-type: none"><li>• Primary Care</li><li>• Wellness and Prevention</li><li>• Urgent &amp; Convenient Care</li><li>• Hospital</li><li>• Post Acute</li></ul>	<ul style="list-style-type: none"><li>• Specialty Care</li><li>• Behavioral Health</li><li>• Dental</li></ul>

## Voice of the Community

Strategic Planning  
Advisory Council

Patients and  
Coordinators

Community-based  
Advocacy Groups

Clinical Leadership  
Interviews

Institutions



Multi-year Equity-focused Service Delivery Strategic Plan

# Central Health has significant opportunities to close existing gaps in capabilities and to bolster clinical service offerings



## Capabilities Assessment

Central Health has foundational capabilities in all five assessment areas.

There are significant opportunities to **bolster capabilities and processes** across all assessment areas.

Central Health's capabilities were assessed in five areas:

1. Access and Capacity
2. Data and Analytics Infrastructure
3. System of Care
4. Care coordination
5. Member engagement



## Clinical Gap Analysis

Central Health has **significant or moderate gaps** in all eight clinical service categories.

Central Health's gaps were assessed against eight clinical service categories:

1. Primary care
2. Wellness and Prevention
3. Urgent & Convenient care
4. Hospital
5. Post Acute
6. Specialty care
7. Behavioral health
8. Dental

# Capabilities Assessment



# Focus on five key areas enabled the comprehensive and detailed assessment of Central Health's capabilities

## High Performing Hospital Districts

### Access and Capacity

- Broad geographic coverage with appropriate capacity and easily accessible points of entry (acute hospital care, post acute, and ambulatory network) in the service area; includes assessment of facilities

### Data and Analytics Infrastructure

- Comprehensive analytical platform (including personnel) that collects, organizes and processes data to be leveraged in real-time for decision making, resulting in strong quality outcomes to identify and eliminate disparities; timely, comprehensive and effective data sharing

### System of Care

- Necessary network adequacy and clinical service complements. Optimized contractual relationships with service providers; Community partnerships should reflect unique characteristics of the target population

### Care Coordination

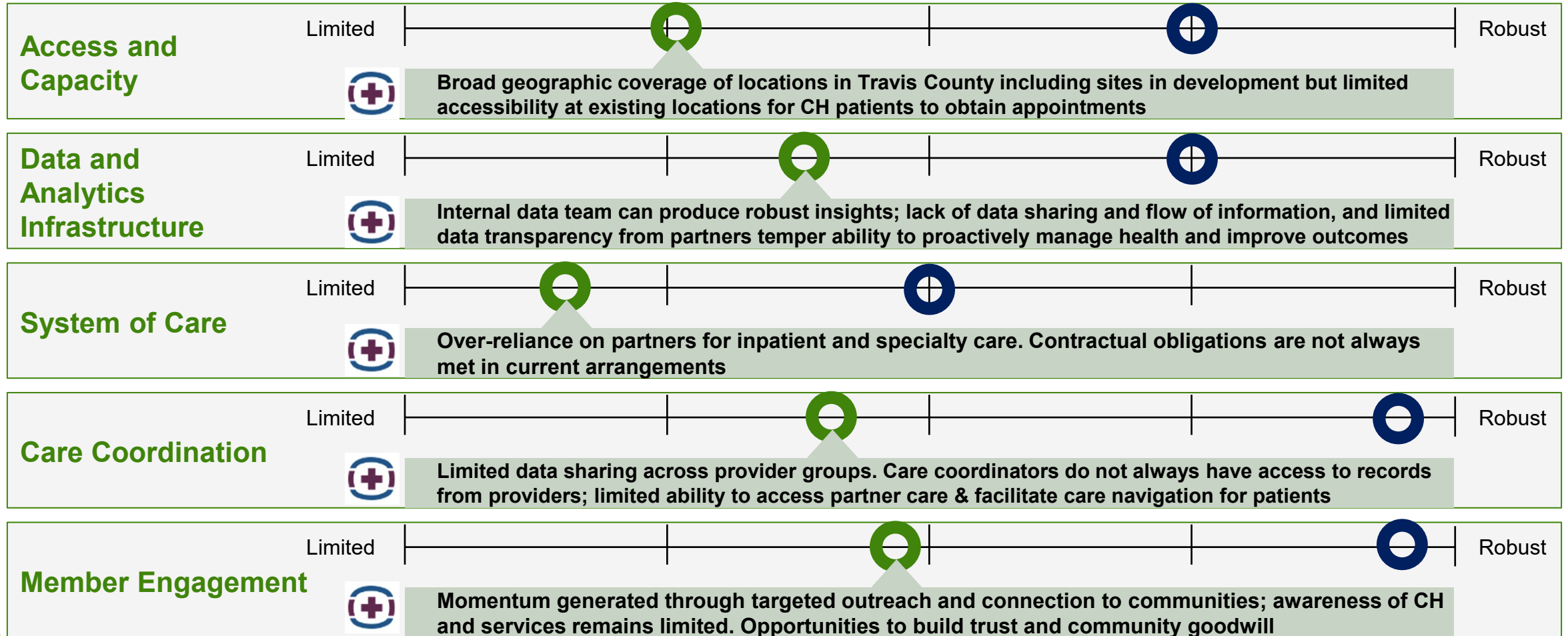
- Ability to coordinate care and share patient information/ data effectively across points of care
- Appropriate access to care coordinators, case managers, and social workers to facilitate timely access to care and support effective, multi-disciplinary care coordination

### Member Engagement

- Ongoing member engagement focused on hard-to-reach populations; Ensuring that communities feel needs are met and that voices are heard; Brand awareness and community perception reflects trust

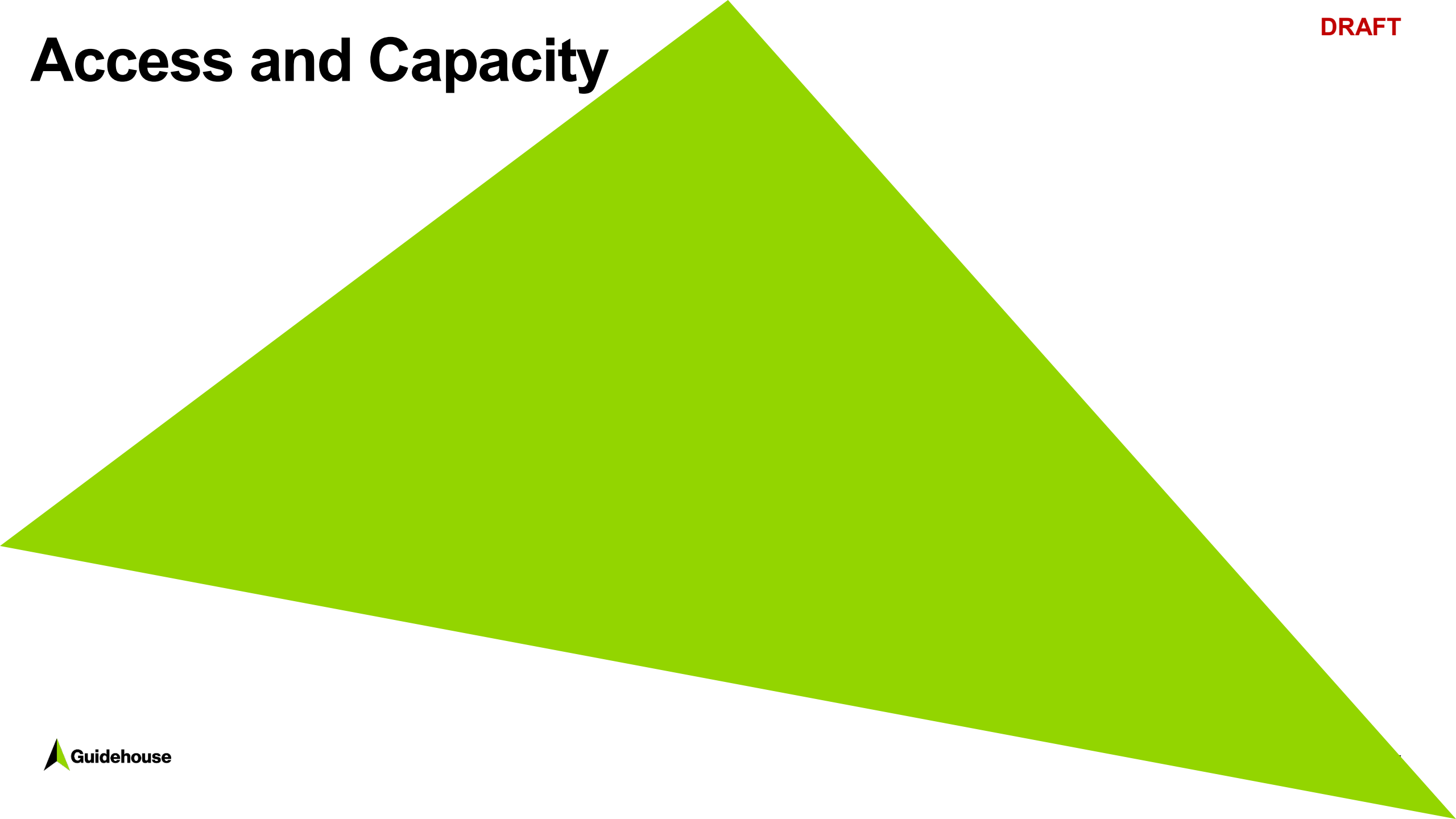
# Significant opportunities for Central Health to consider as it builds the safety-net system of care

## Preliminary Characterization of Central Health's Opportunities



# Access and Capacity

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# Central Health should expand access and increase network capacity where resources are limited for safety-net populations

Number of Central Health and Safety-Net Serving Facilities within Travis County  
*Numbers in this chart are not reflective of need or clinical capacity*

Planning and Assessment Region	Primary Care	Multispecialty	Advanced Mental Health	Convenient Care	Dental	Post-Acute
<b>I-35 Corridor</b>	<b>31</b>	<b>5</b>	<b>14</b>	<b>6</b>	<b>9</b>	<b>11</b>
<i>Rundberg</i>	5		3		1	2
<i>Garrison Park/ South Congress</i>	4		3	1	1	2
<i>East Central Austin</i>	6	1	2	1	1	3
<i>Dove Springs</i>	2				1	
<i>Wells Branch/ Tech Ridge</i>	4	1	1		1	3
<i>Downtown/West Central Austin</i>	5	2	3	2	1	
<i>Riverside/ Montopolis</i>	3	1	2	2	2	1
<i>South Central Austin</i>	2				1	



- Overall capacity for primary care including walk-in and same day access is insufficient to meet enrolled population needs
- Physician supply for primary care and multiple specialties is insufficient to meet population needs
- More robust post-acute services are needed. There are significant gaps in managing follow-ups with patients after discharge

# In East and West Travis County, access to services outside of primary care is significantly limited

Number of Central Health and Safety-Net Serving Facilities within Travis County  
 Numbers in this chart are not reflective of need or clinical capacity

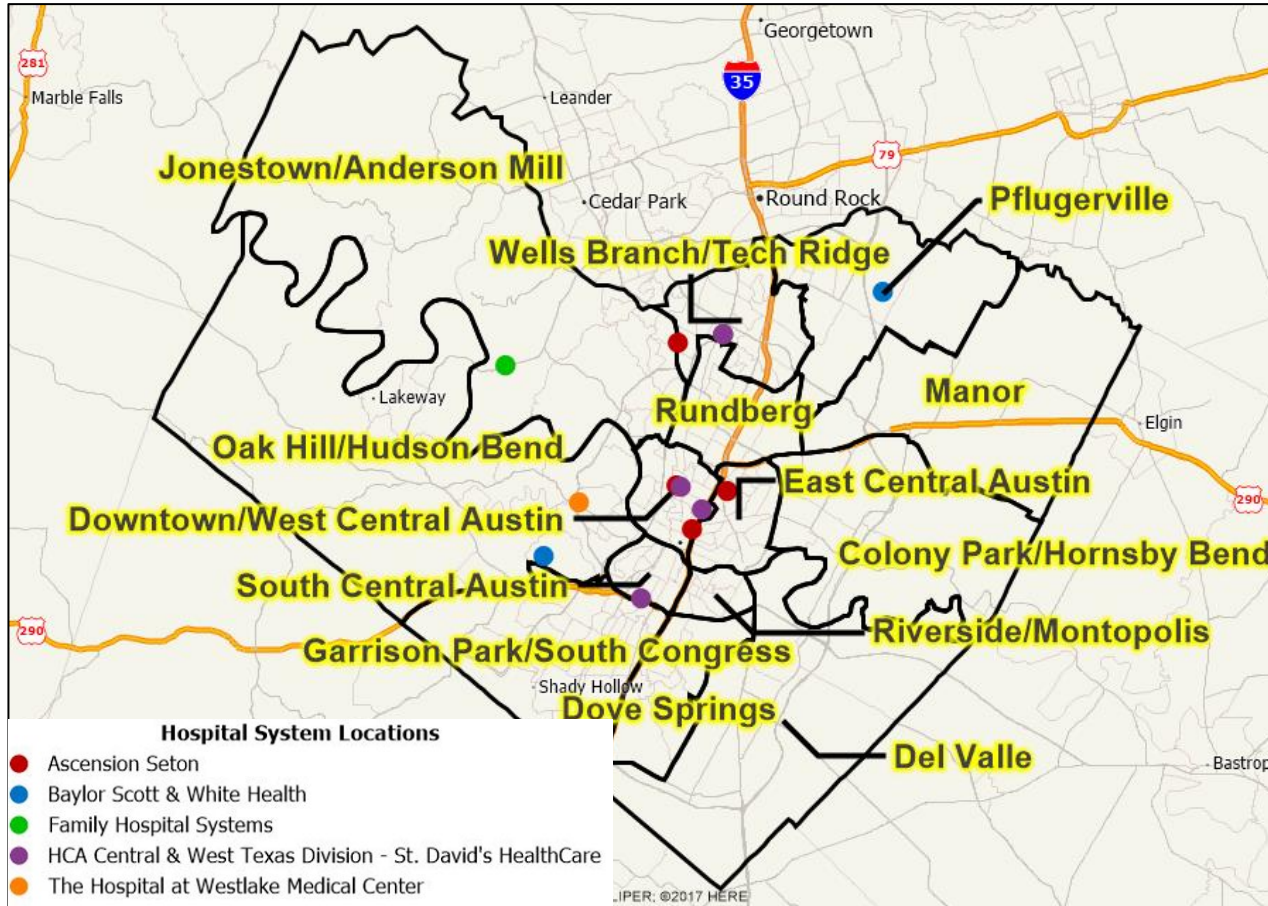
Planning and Assessment Region	Primary Care	Multispecialty	Advanced Mental Health	Convenient Care	Dental	Post-Acute
<b>East Travis County</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<i>Pflugerville</i>	2					1
<i>Colony Park/ Hornsby Bend</i>	2		1			
<i>Del Valle</i>	3					
<i>Manor</i>	2			1	1	
<b>West Travis County</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<i>Jonestown/ Anderson Mill</i>	1					
<i>Oak Hill/Hudson Bend</i>	1			1		



- **Mental health service capacity and complements are not sufficient to meet current demand** across the County, but more so in East and West Travis County
- Central Health provides **navigation services, but more assistance is needed** due to the safety-net population’s language barriers, literacy levels, and other social determinant of health-related factors that create access challenges
- Central Health has planned activities **to significantly expand services and access in East Travis County, particularly Colony Park, Hornsby Bend, and Del Valle**

# MAP patients can access comprehensive hospital services through Seton; other options are limited

Travis County Acute Care Hospital Landscape

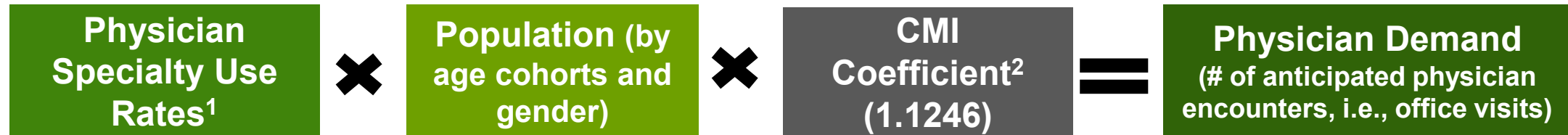


- Austin's heavily consolidated provider landscape indicates 85% of the market's inpatient discharges are attributed to Ascension Seton and HCA's St. David's Healthcare
- CH currently has hospital contracts with Ascension Seton for patients to receive comprehensive services in the acute care setting
- Patients can receive emergent services through other providers, primarily from St. David's (subject to each entity's financial assistance policy)

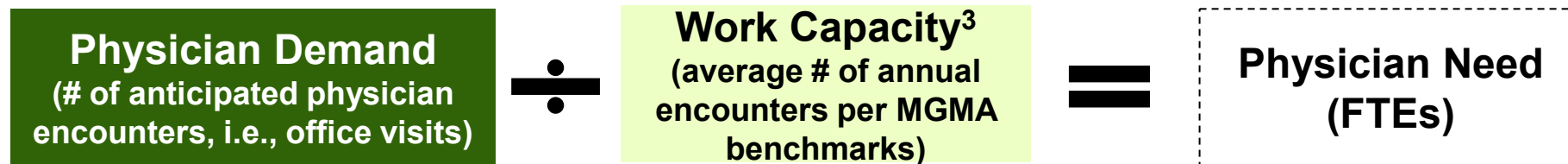
# Physician Resource Planning Model Includes Demand and Supply in Central Health's Service Area

## Guidehouse Physician Need Methodology

Segmented use rates are applied to the population statistics within the service area:



The resulting Physician Demand is then applied to the specific office capacity for a given specialty to calculate Physician Community Need:



<sup>1</sup>Physician specialty use rates are based on proprietary GH Benchmarks, Utilization factors in insurance stats (Commercial, Medicare, Medicaid, Uninsured) and also factors highly, moderately, or low managed populations

<sup>2</sup>CMI Coefficient is derived from Harris Health patient based and applied to CH population

<sup>3</sup>Work Capacity for certain specialties is based on estimate of physician need per 100,000 population

# CH Current Physician Complement is Not Sufficient to Meet the Estimated Need of the Enrolled Population

## Current Physician FTE Supply and Estimated Needs for Central Health

Primary Care	CH Current FTEs (Physicians / APP)	Physician FTE Need for Enrolled Population
Family/GPs	15.9 / 16.2	38.9
Internal Med	4 / 0	23.9
Pediatrics	5.7 / 1.6	6.0
OB/Gyn <sup>1</sup>	12.1 / 5.1	19.9
<b>Primary Care Total</b>	<b>37.7 / 23.9</b>	<b>88.7</b>
Medical Subspecialties	CH Current FTEs	Physician FTE Need for Enrolled Population
Allergy/Immunology	0.05	2.6
Cardiology	0.56	3.2
Dermatology	0.69	4.5
Endocrinology	0.84	1.4
Gastroenterology	0.26	5.0
Hematology/Oncology	1.00	1.6
Infectious Disease	2.46	1.6
Nephrology	0.17	0.8
Neurology	0.20	2.6
Psychiatry	5.77	6.5
Pulmonary Medicine	0.94	1.8
Radiation Therapy	0.20	0.5
Rheumatology	0.96	1.3
<b>Medical Total</b>	<b>14.07</b>	<b>33.4</b>



- Analysis reflects physician FTEs with an M.D. or D.O. title. *(excludes advanced practice providers, residents, and fellows.)*
- Physicians serving safety-net populations can **supervise 3-4** advanced practice providers
- In our community APPs typically meet **70% of PCP Needs** in the safety-net population

<sup>1</sup>OB/GYN includes capacity for MAP and MAP Basic patients when enrolled in Medicaid for pregnancy

\*Notes: CH Current FTEs are provided by CH. Demand for CH Enrolled population is based on CH FY 2020 Enrolled population. Pediatrics demand is estimated based on CH FY 2020 Population <18; OB/GYN, and Gynecology Surgery demand is based on CH FY 2020 Population of Total Women

# CH Current Physician Complement is Not Sufficient to Meet the Estimated Need of the Enrolled Population

## Current Physician FTE Supply and Estimated Needs for Central Health

Surgical Subspecialties	Needs for CH Enrolled Pop.
CT Surgery	1.0
Vascular Surgery	0.5
Colorectal Surgery	0.3
Oncology Surgery	1.1
General Surgery	2.6
Gynecology Surgery	8.1
Neurosurgery	2.0
Ophthalmology	4.6
Orthopedics	6.0
ENT	5.7
Plastic Surgery	0.7
Urology	2.3
<b>Surgical Total</b>	<b>34.8</b>

Other Subspecialties	Needs for CH Enrolled Pop.
Physical Med /Rehab	2.3
Radiology	8.1
<b>Other Total</b>	<b>10.4</b>



- Alignment of specialty complement with current and evolving population needs is critical to future strategy
- Limited physician numbers also pose challenges to the use of Advanced Practice Providers for lack of necessary supervisory capacity
- It is challenging to assess true current provider counts/ FTEs for certain contracted specialties

# Physician Need Implications

## Key Factors to Consider to Support Successful Physician Practices

### Compensation and Benefits

#### ① Physician Compensation Plan



Reflective of productivity, quality outcomes, patient satisfaction, and contribution of shared goals including aligned incentives and high housing expenses in Travis County

#### ② Malpractice Insurance



Annual malpractice insurance expense

#### ③ Continuing Medical Education



Annual education that allows a practitioner to learn ways to improve on patient care and delivery in the rapidly changing health care environment

### Staffing Resources

#### ④ Clinical Staffing Resources



Nurse(s), medical assistant(s)

#### ⑤ Practice Support Personnel



Scheduling, referral management, medical coding, billing, human resources, other administrative support

#### ⑥ Community Health Resources



General education, scholarships, transitional pathways, promotoras, and other community health worker resources that contribute to equity-focused care delivery

### Infrastructure

#### ⑦ Electronic Medical Record



Inclusive of population health-related tools

#### ⑧ Office Space and Equipment



Robust clinical environments  
Includes annual expenses for insurance, maintenance, and repairs

#### ⑨ Technology Platforms



Includes platforms that can help bridge connections to clinical resources and other social service entities that facilitate access to and coordination of care

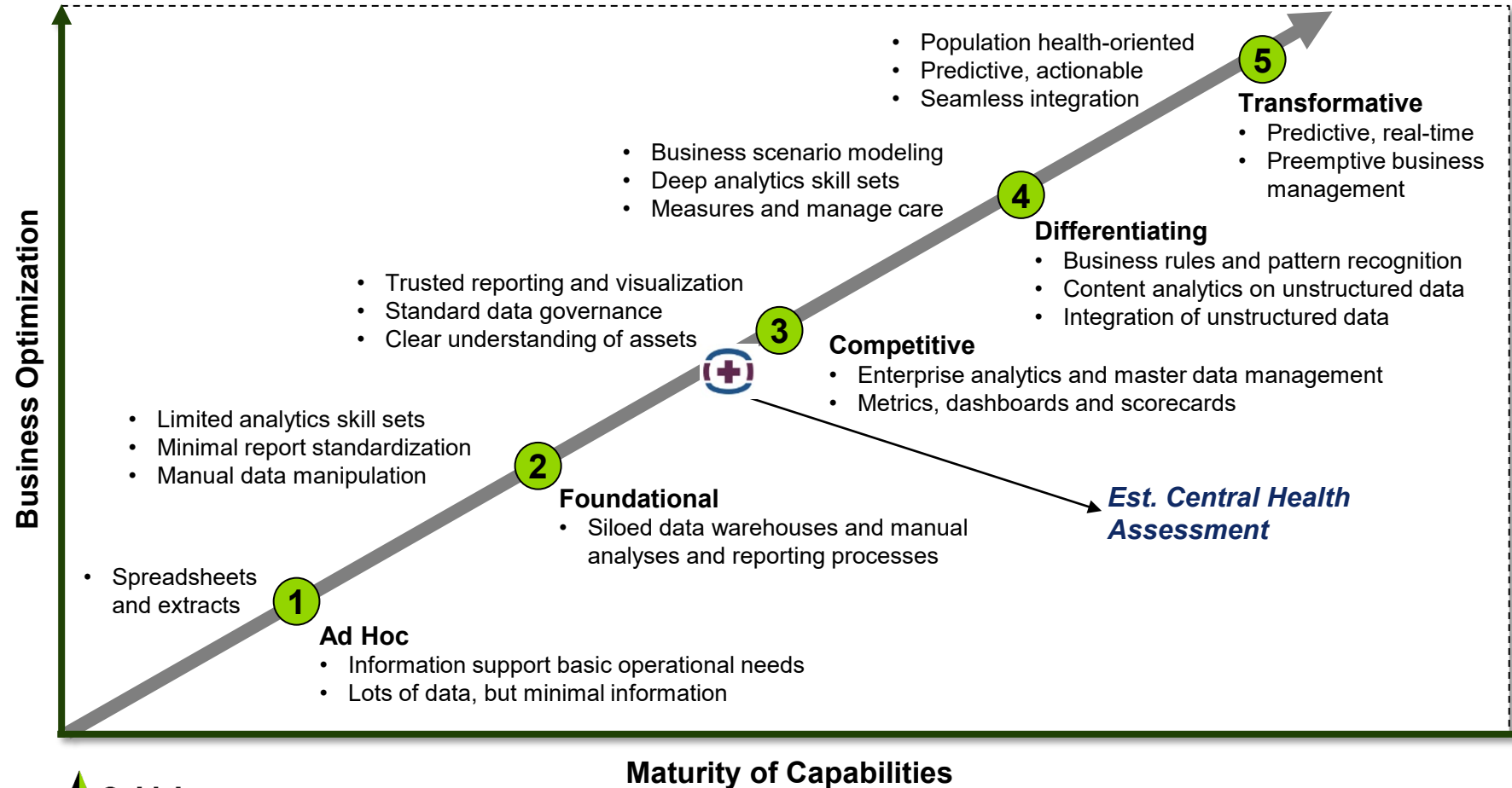
# Data and Analytics Infrastructure

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# Maturing current analytical capabilities will build a foundation for Central Health to improve access and quality of care





## Analytic Capability Continuum



**Central Health has the personnel and expertise to collect, analyze, and synthesize data into timely, meaningful insights**

- Limited access** to other organizations' data is deterrent to system coordination and performance
- Lack of clinical data integration or consistent sharing through the regional HIE** hinders comprehensive multi-disciplinary patient care
- Real-time data is unavailable** for clinical decision making (*absence of an integrated EMR or HIE across network of contracted providers*)

# Data governance and access are key components of a solid DA infrastructure, where CH has inconsistent/ limited insight

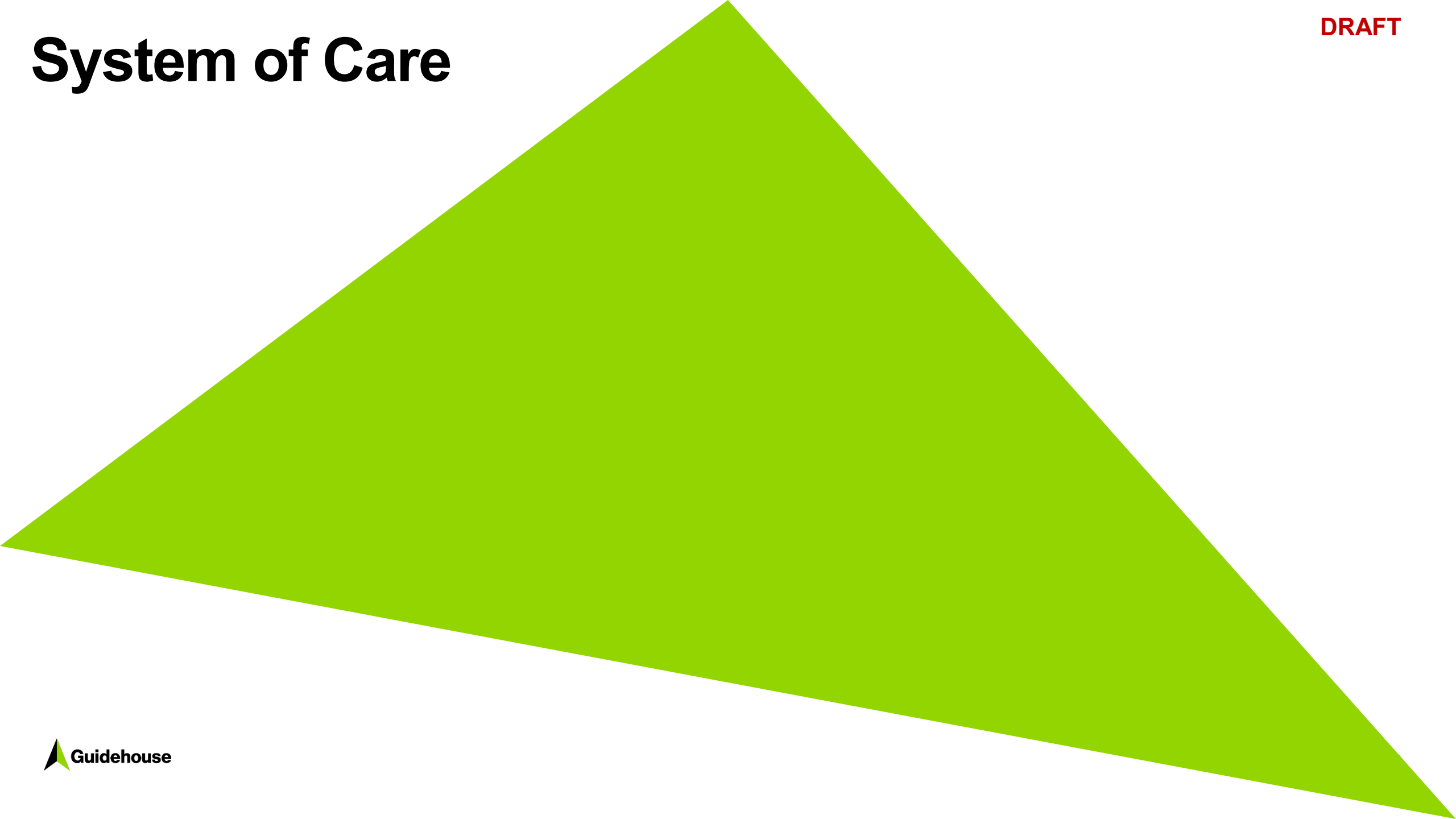
Access to Data	Data Infrastructure	Personnel and Expertise	Data Governance
 <p><b>Limited</b></p>	 <p><b>Adequate</b></p>	 <p><b>Adequate</b></p>	 <p><b>Limited</b></p>
<ul style="list-style-type: none"> <li>• Interoperability with partners' systems limited by incomplete participation in data sharing</li> <li>• Data from partners is shared on a periodic cycle with Central Health</li> <li>• Significant delays in accessing partner data poses challenges to timely decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Central Health has appropriate data storage infrastructure to aggregate and store data from its partners</li> <li>• Central Health is currently working to build a more efficient analytics platform to support more robust data management and generate reports</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriately trained resources to manage complex data sets</li> <li>• Limited Data and Platform Engineering resources that pose challenges to continuous evolution of the data infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Contracts with partners include well defined data reporting parameters</li> <li>• Limited direct incentives for partners to share data with Central Health</li> <li>• Data Governance model is not-centralized, posing challenges to enforcing accountability</li> </ul>



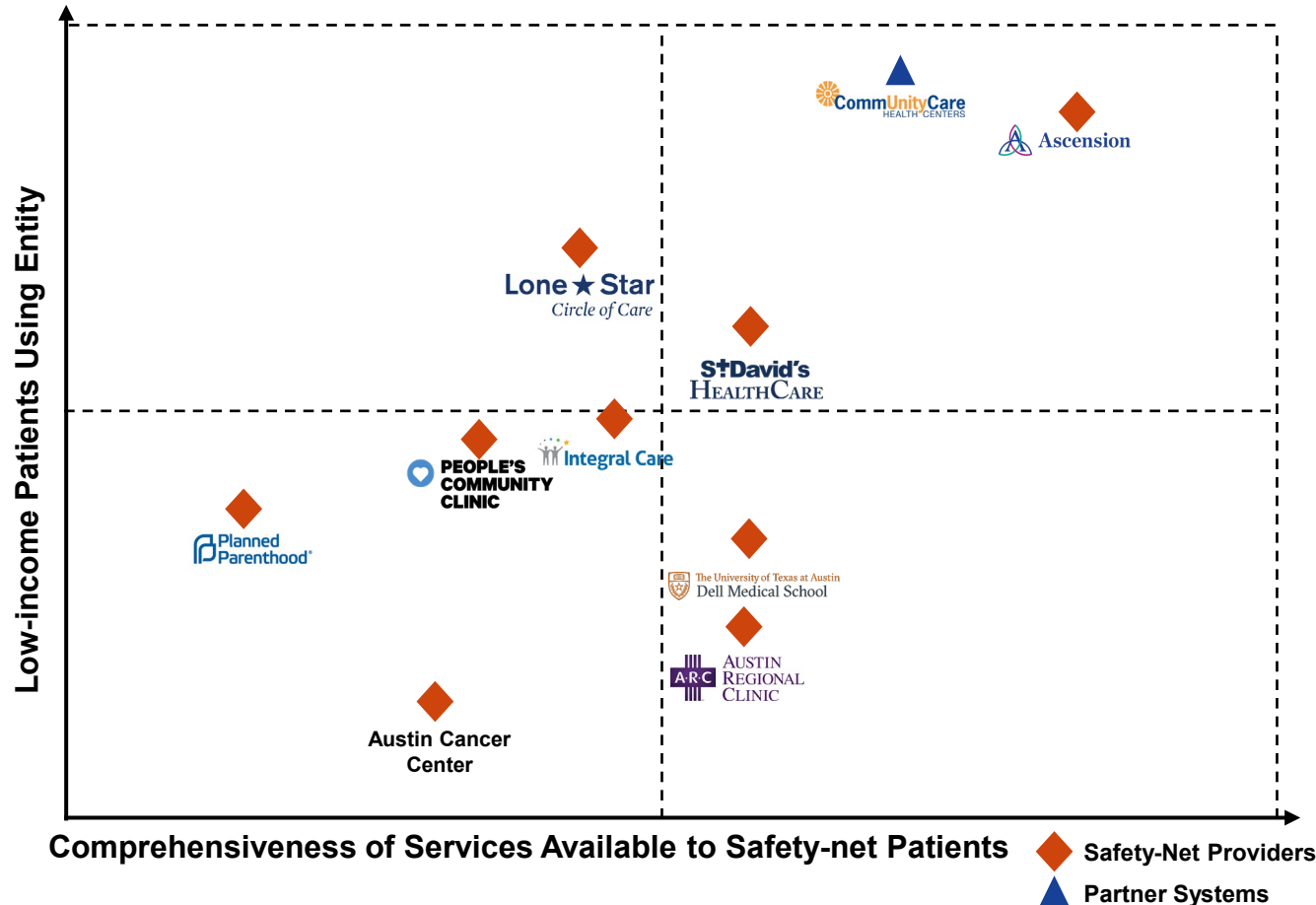
**Focus on Data Governance is critical for Central Health to improve partner accountability and progress to more mature models of care**


# System of Care

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# Central Health’s current partner portfolio and service complement are insufficient to meet needs and should be realigned to drive strategic and operational alignment across the System of Care

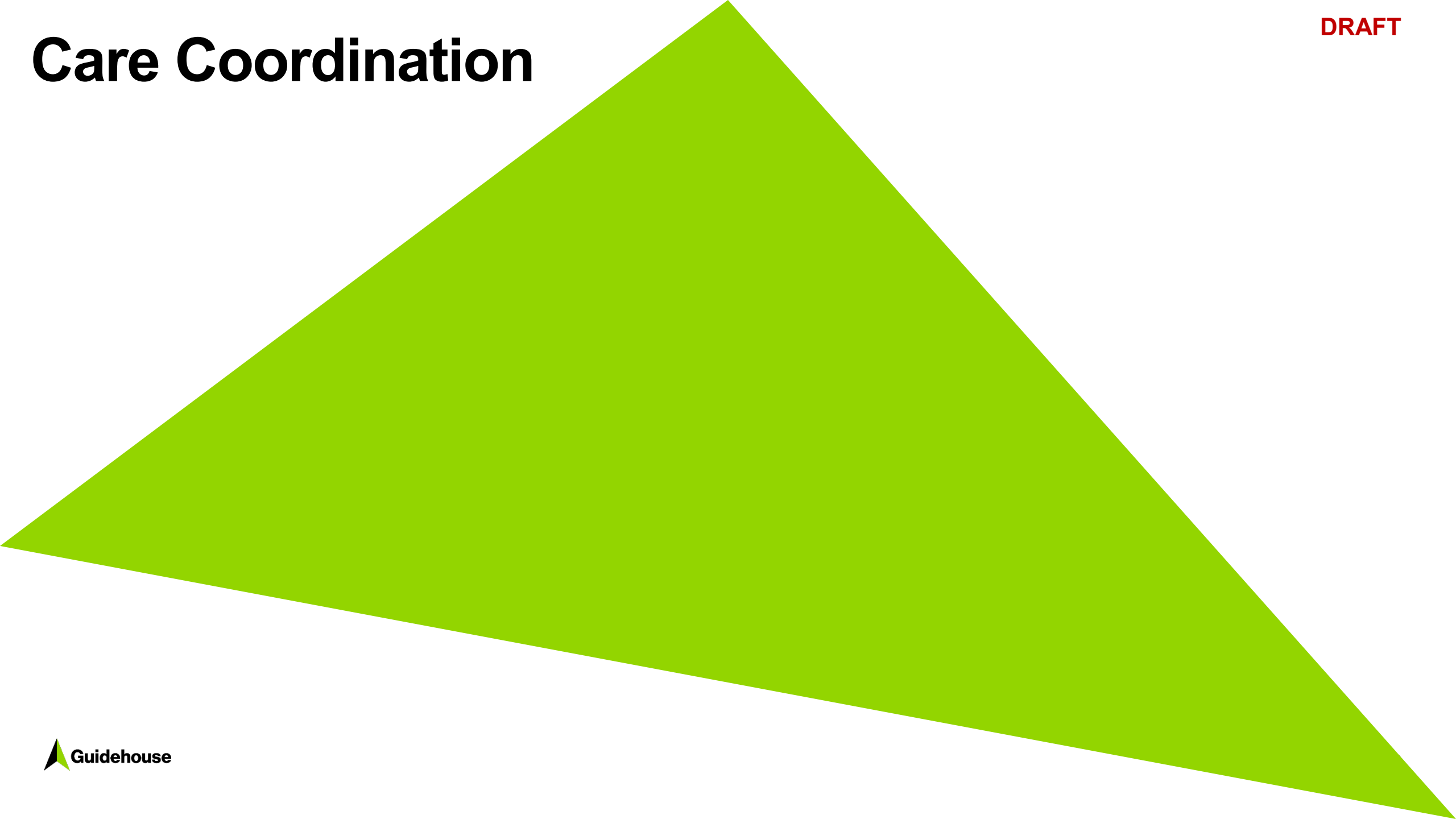








- Reliance on numerous provider entities poses challenges to access and continuity of care
- Central Health is relying on two provider systems (CUC and Ascension Seton) for most of its patients’ needs
- Additional safety-net providers provide limited but necessary access that helps reduce key gaps in the continuum of clinical care
- Recommendations:
  - Assure increased access for Central Health patients through the development of key clinical capabilities within Central Health
  - Ensure contractual arrangements are structured to monitor provision of access to care in a timely manner

# Care Coordination

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# Care coordination capabilities are limited across all major components needed

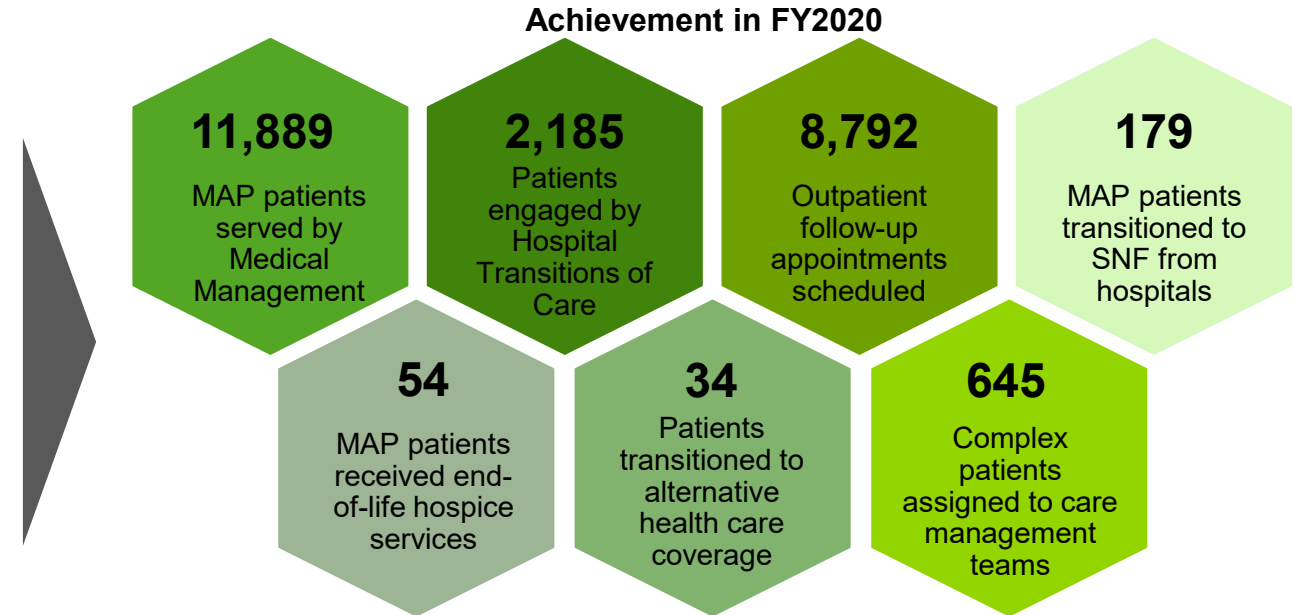
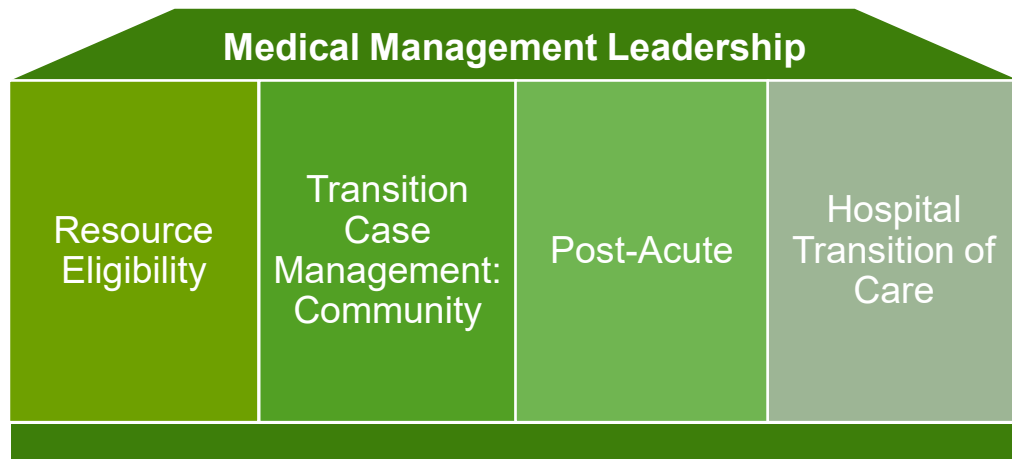
Patient Data Capabilities	Provider Communication	Systems and Platforms	Personnel
 <p><b>Limited</b></p> <ul style="list-style-type: none"> <li>• Ability to access data in a timely manner is limited; Patient data is often not reported comprehensively or is delayed</li> <li>• Patient Stratification abilities are limited due to lack of access to relevant patient data sets</li> </ul>	 <p><b>Limited</b></p> <ul style="list-style-type: none"> <li>• Providers from multiple systems are involved in providing care to a majority of Central Health's patients</li> <li>• Physicians across the system are generally aligned with providing seamless care to patients</li> <li>• Provider communication is on a case-by-case basis</li> </ul>	 <p><b>Limited</b></p> <ul style="list-style-type: none"> <li>• Governance and interoperability issues impact speedy and appropriate sharing of patient information</li> <li>• Partners do not share one unified platform to communicate with providers across provider partners</li> </ul>	 <p><b>Limited</b></p> <ul style="list-style-type: none"> <li>• Providers across the system are aligned on the need for better care coordination processes</li> <li>• Case Managers coordinate care for a sub-set of Central Health's patients</li> <li>• Lack of shared incentives is a driver of coordination issues</li> </ul>



**Developing a centralized care coordination model, based on standardized access to patient information and appropriate incentives, is critical to improving health outcomes**

# Opportunities exist to promote an integrated IT platform that will improve collaboration with partners across the patient journey

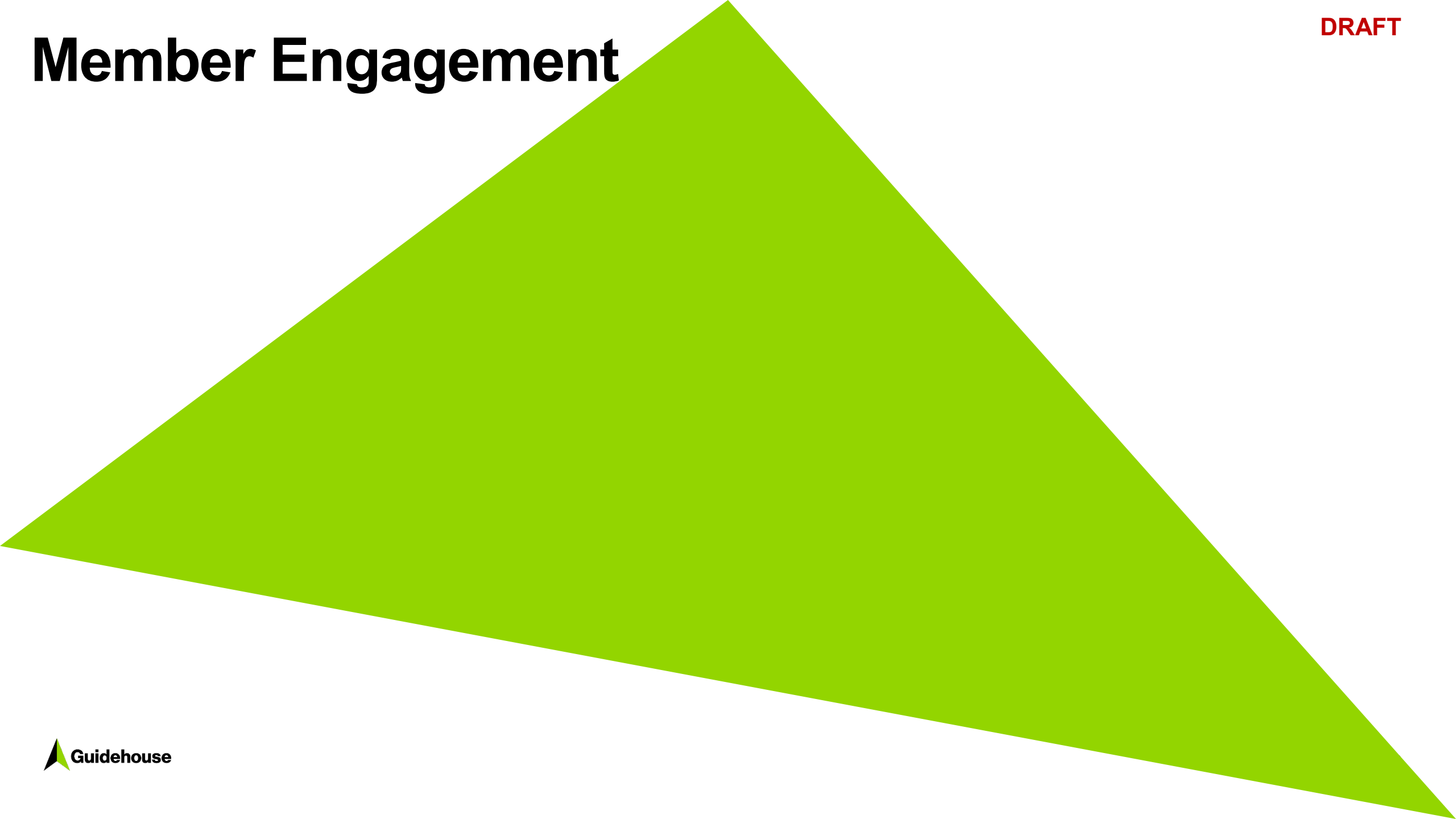
Central Health Medical Management Team Organizational Structure



- Central Health has a robust care management team with multiple pillars to provide **fundamental offerings to patients**
- A lack of a singular, integrated IT platform** requires more consistent and extensive collaboration and sharing to support timely, coordinated, multi-disciplinary care across the continuum and patient journey
- Opportunities exist to **expand advanced care models** and **enhance collaboration** between Central Health’s care management team and that of partnering providers

# Member Engagement

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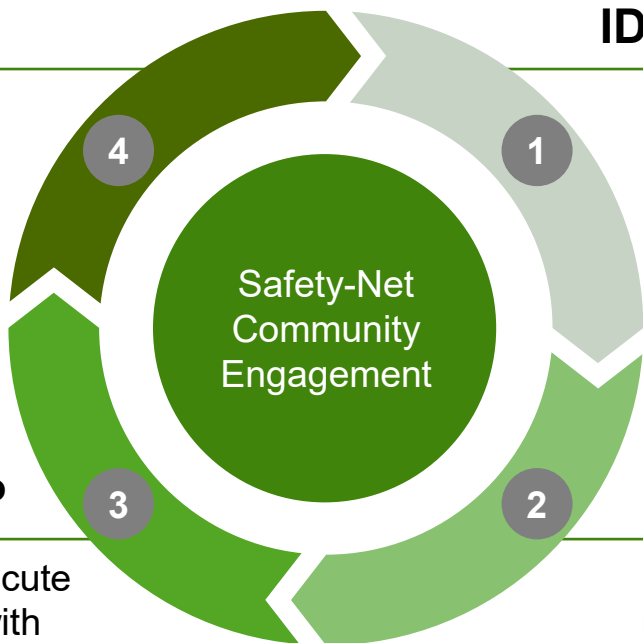
# Central Health must expand outreach and build long-term trust with safety-net communities

## RETAIN & EXPAND

Truly understand the needs of the safety-net community, build and maintain robust long-term trust, and continue to expand coverage

## INFORM & FOLLOW UP

Follow up with patients in post-acute care settings, provide patients with education, and inform them of clinical decisions




## IDENTIFY & STRATIFY

Take extra efforts to identify underrepresented patients due to health, cultural and socioeconomic barriers

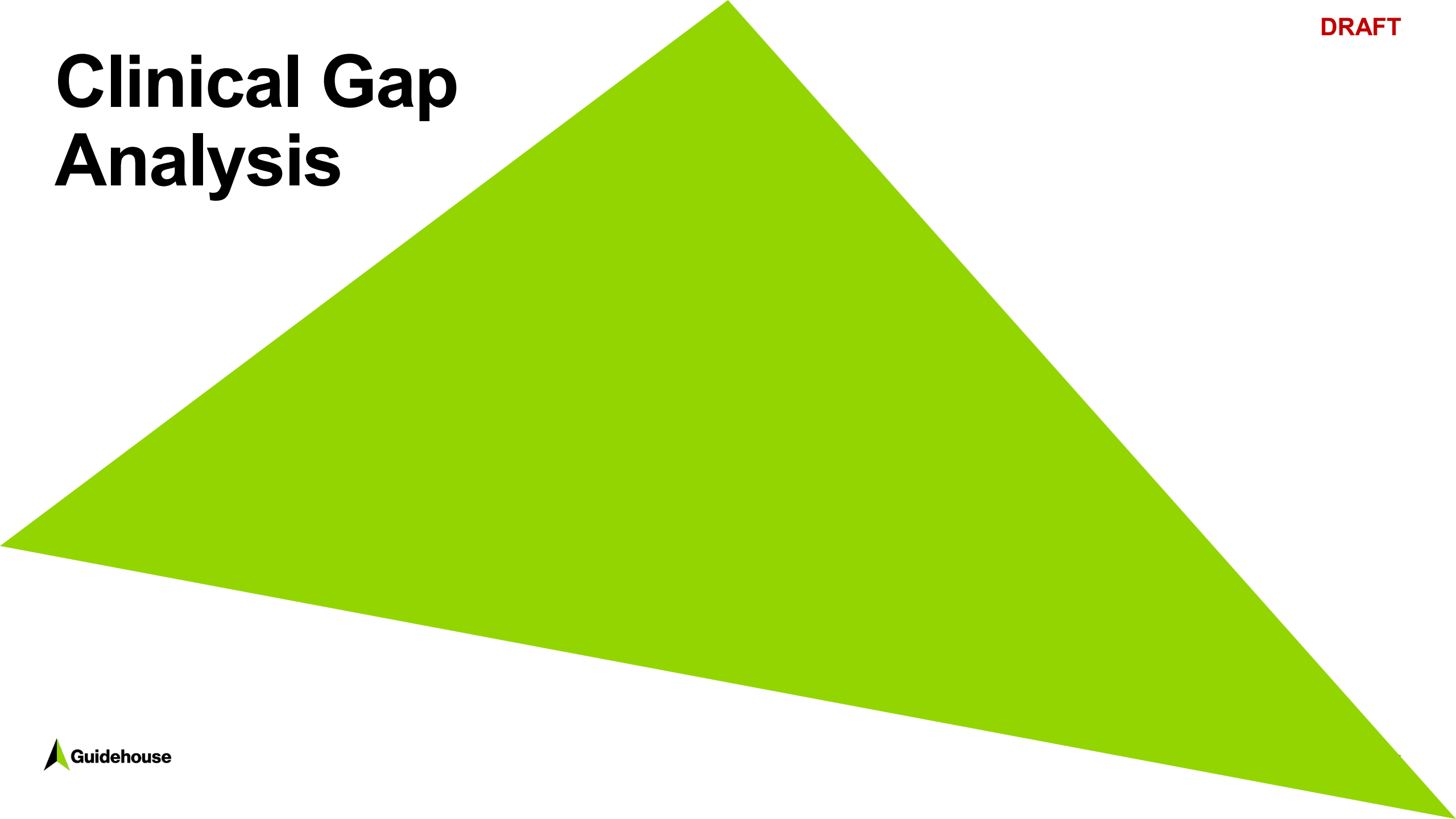
## CONNECT & SERVE

Assist safety-net population navigate through the system and take a wholistic approach to providing comprehensive care



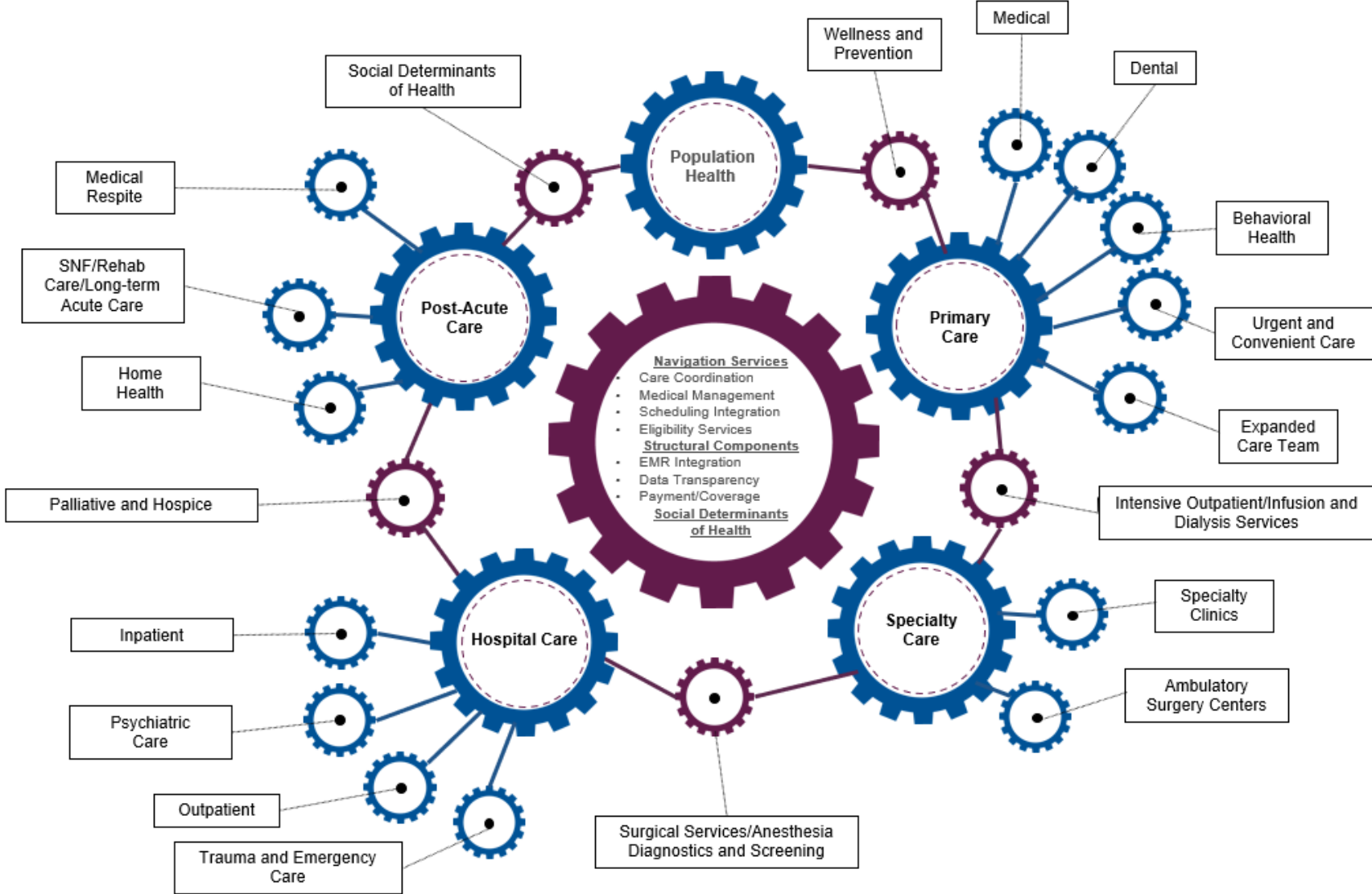
- Enrollment has been **expanding**
- There is need to enhance **outreach to eligible but underrepresented individuals**
- MAP can be confusing to some patients and the 6-month enrollment period can be restrictive. Opportunities exist to **add value by streamlining the MAP enrollment process to assure continuous enrollment**
- Leverage multi-channel technologies (e.g., patient portal, emails, calls, texting) to **effectively engage the safety-net population**

# Clinical Gap Analysis



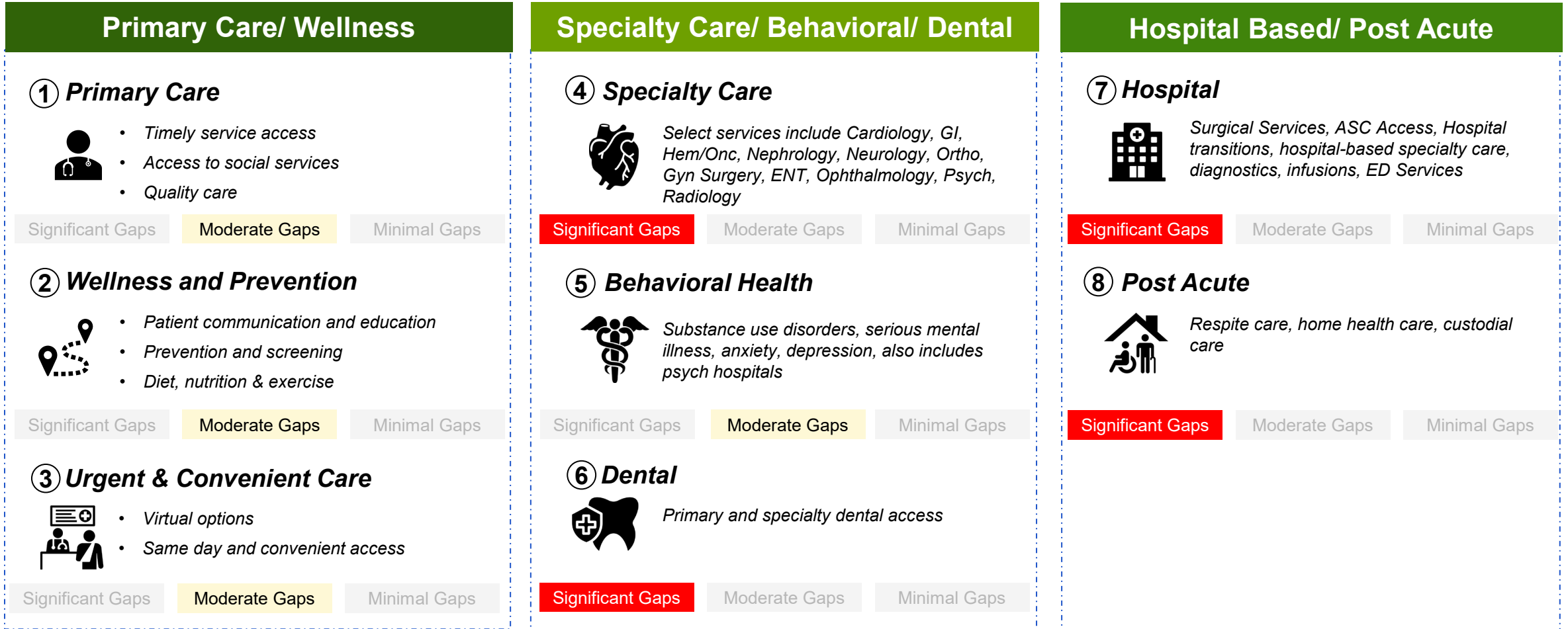
# Recap: Components of a High Functioning System

## Planning Ahead: How Do We Address the Gaps in Our Existing System to Strategically Position Ourselves to Meet Future Community Needs?






# The assessment of eight clinical service categories allows for the comprehensive evaluation of Central Health’s service complement

## GH Characterization of Central Health Gaps



Note: Gap ratings based on degree of provider shortages, wait times for services, and clinical health outcomes for Central Health patients. Each of these quantitative metrics combined are not available for every category evaluated.

# There is a need to expand access to services to address significant need for primary care services

Primary Care, Wellness and Prevention, Urgent and Convenient Care	Assessment
<p><b>① Primary Care</b></p>  <ul style="list-style-type: none"> <li>Substantive barriers to accessing care include coverage lapses and appointment availability</li> <li>Opportunity to improve physical access to sites and scheduling processes</li> </ul> <p>Significant Gaps      Moderate Gaps      Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Local FQHCs offer comprehensive services to MAP and MAP Basic members; additional sites and services will expand access to primary care (reduce wait times) and help manage long-term chronic conditions</li> </ul>
<p><b>② Wellness and Prevention</b></p>  <ul style="list-style-type: none"> <li>Several wellness and healthy lifestyle courses available at large hub centers (i.e., Southeast Health and Wellness Center)</li> <li>Investment is needed to make these programs more robust and targeted to specific populations; opportunity to expand wellness and prevention in clinics to improve outcomes</li> </ul> <p>Significant Gaps      Moderate Gaps      Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Clinics are capacity constrained, and often focus on treating patients with complex medical needs; prevents clinics from focusing on wellness and prevention services. Due to these challenges, patients experience long wait times for wellness and prevention visits</li> </ul>
<p><b>③ Urgent &amp; Convenient Care</b></p>  <ul style="list-style-type: none"> <li>8 locations across Travis county, primarily in the I-35 Corridor</li> <li>Opportunity to enhance access, and to increase open hours, and providers</li> </ul> <p>Significant Gaps      Moderate Gaps      Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Additional FQHC-based walk-in/ same day access will partially address demand for emergent primary care and reduce the long-term need for stand alone urgent care, as well as provide opportunities for patients to receive COVID testing that is required to return to work in a timely manner</li> </ul>






Note: Gap ratings based on degree of provider shortages, wait times for services, and clinical health outcomes for Central Health patients. Each of these quantitative metrics combined are not available for every category evaluated. ©2021 Guidehouse Inc. All Rights Reserved



Source: Central Health operational data on Third-Next-Available Appointment

\* Benchmark Source: Benchmarking for Patient Access in a Post-COVID-19 World by Medical Group Management Association (MGMA), August 2020

# Current network of specialty services, including behavioral health and dental services, is not adequate to meet community needs

Specialty Care, Behavioral Health and Others	Assessment
<p><b>4 Specialty Care</b></p>  <ul style="list-style-type: none"> <li>Limited specialty access available to Central Health members</li> <li>Locations with specialists are scarce; long wait times do not allow for continuous and timely care</li> <li>Limited access to diagnostic testing and multi-disciplinary care coordination</li> <li>Opportunity to recalibrate dependence on partners</li> </ul> <p>Significant Gaps    Moderate Gaps    Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Most access provided through CommUnityCare and Ascension Seton; opportunity to build additional capacity to provide specialty services to bridge gaps</li> </ul>
<p><b>5 Behavioral Health</b></p>  <ul style="list-style-type: none"> <li>Insufficient behavioral health access in East Travis County and West Travis County to meet community needs</li> <li>Rapidly increasing demand for services</li> <li>Opportunity exists to increase collaborations and provide greater access to services</li> </ul> <p>Significant Gaps    Moderate Gaps    Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Integral Care currently serves MAP and MAP-B patients, 9 facilities in the I-35 Corridor; limited access to specialty behavioral health in East and West Travis County</li> </ul>
<p><b>6 Dental</b></p>  <ul style="list-style-type: none"> <li>Current access to dental services does not meet the needs of Central Health members</li> <li>Opportunity to enhance benefits and consider expanding network access</li> </ul> <p>Significant Gaps    Moderate Gaps    Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Need to expand dental access, which is a capital-intensive service</li> </ul>

# Current hospital-based care and post-acute services are not designed to adequately serve the safety-net community

Hospital Based and Post Acute Care	Assessment
<p><b>7 Hospital/Inpatient</b></p>  <ul style="list-style-type: none"> <li>Primary partner is Ascension Seton, which provides most inpatient and outpatient surgical services for Central Health patients; patients are often treated through Emergency Departments on an emergent basis with limited access to elective services and specialty care after discharge</li> <li>Minimal insight into planning for care transitions, leading to gaps in follow-up care and readmissions, particularly for patients with chronic conditions</li> </ul> <p>Significant Gaps    Moderate Gaps    Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Access to timely acute (hospital) care is limited and often provided on an emergent basis. Central Health patients frequently experience long wait times for surgical subspecialty care. Access to selected services is limited for Central Health patients due to extent of services provided by contracted partners (e.g., religious directives).</li> </ul>
<p><b>8 Post Acute Care</b></p>  <ul style="list-style-type: none"> <li>Inadequate access/ full spectrum of post acute services are not available</li> <li>Fragmented service offerings for home, custodial, and other post acute services</li> </ul> <p>Significant Gaps    Moderate Gaps    Minimal Gaps</p>	<ul style="list-style-type: none"> <li>Significant post acute care needs overall, with the most pronounced needs in East and West Travis County. Fragmented transitions in care and limited access to consistent post acute services results in readmissions to the acute setting</li> </ul>