



# 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.

*Right by All* - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

*Collaboration* - We partner with others to improve the health of our community.

## **STRATEGIC PLANNING COMMITTEE MEETING**

**Wednesday, February 2, 2022, 1 p.m.**

**Videoconference meeting<sup>1</sup>**

**A quorum of the Committee and the presiding officer will be present at:**

Central Health Administrative Offices  
1111 E. Cesar Chavez St.  
Austin, Texas 78702  
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by using the Ring Central meeting link below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1483958557?pwd=eE9IK2ZMNDRQVWN5QWtwdkZWVWFzQT09>

Password: 783683

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 148 395 8557

Effective September 1, 2021, Governor Abbott has rescinded emergency waivers allowing Open Meetings to be conducted virtually. To reduce the possibility of infection as a result of attendance at in-person meetings, the Committee will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Masks should be worn inside the Central Health offices and individuals should maintain proper social distancing from others. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on February 2, 2022**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

### **PUBLIC COMMUNICATION**

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

### **COMMITTEE AGENDA**

1. Receive and discuss an update on equity focused systems planning including findings of the Safety Net Community Health Needs Assessment, Capabilities Assessment, and Clinical Gap Analysis. (*Informational Item*)
2. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

<sup>1</sup> Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have a high COVID-19 infection rate. This meeting may include one or more members of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

The 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 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 agenda. However, Board members who are not Committee members will not vote on any 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.

Cualquier persona con una discapacidad que planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**February 2, 2022**

## **AGENDA ITEM 1**

Receive and discuss an update on equity focused systems planning including findings of the Safety Net Community Health Needs Assessment, Capabilities Assessment, and Clinical Gap Analysis.  
*(Informational Item)*



**AGENDA ITEM SUBMISSION FORM**

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date February 2, 2022

Who will present the agenda item? (Name, Title) Monica Crowley, Guidehouse team including Dr. Abhi Sharma MD and Danielle Sreenivasan

General Item Description Receive an update on equity focused systems planning including: Findings of the Safety Net Community Health Needs Assessment, Capabilities Assessment and Clinical Gap Analysis

Is this an informational or action item? Informational

Fiscal Impact N/A

Recommended Motion (if needed – action item)

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) The Guidehouse team will present to the board key findings from two of the assessments that form the underlying basis of the upcoming Equity Focused Service Delivery Strategic Plan.
- 2) Guidehouse will present the findings of the Safety Net Community Health Needs Assessment.
- 3) Guidehouse will present the findings of the System Capabilities and Gap Analysis.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Presentation will be provided

Estimated time needed for presentation & questions? 2 hours for presentation, discussion and questions

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Monica Crowley, January 20, 2022



# Strategic Systems of Care Planning

Strategic Planning Committee Presentation  
February 2, 2022



CENTRAL HEALTH

# Today's Agenda

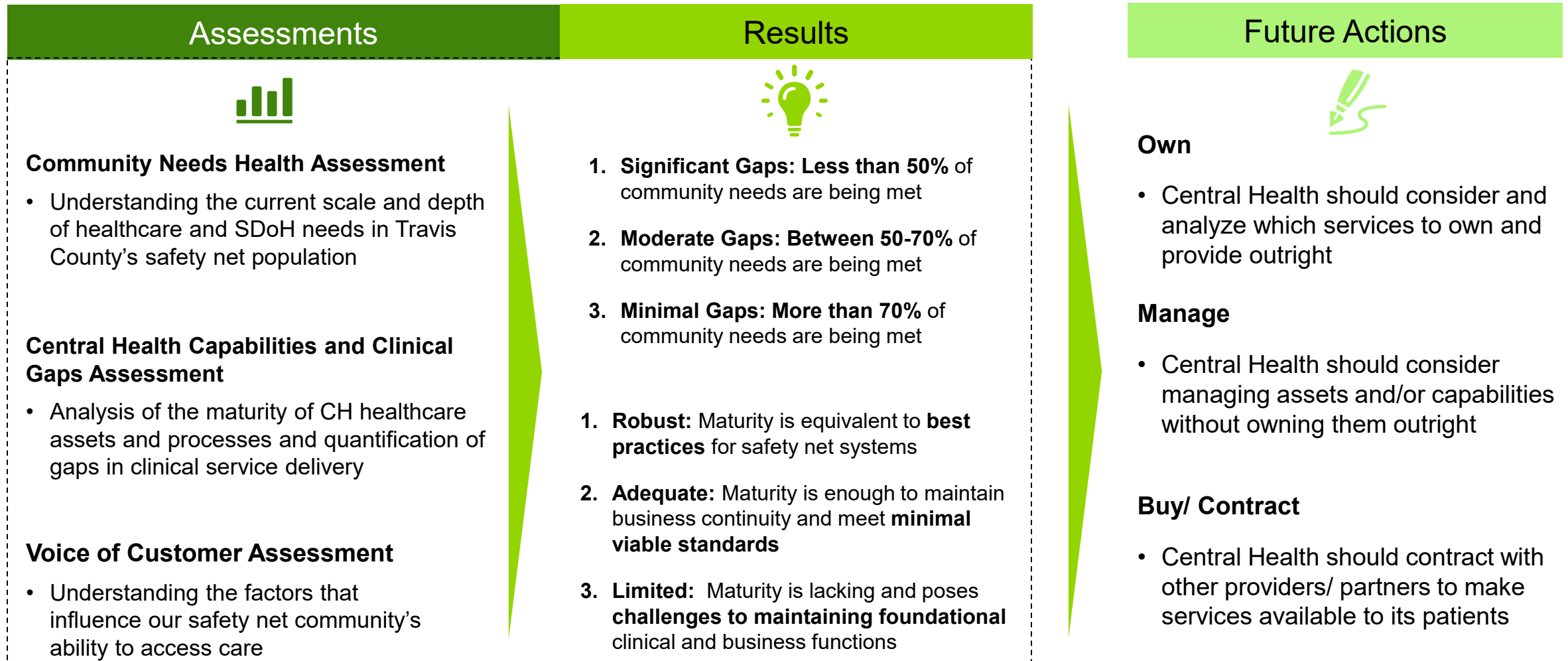
**01** | Progress and Achievements Since Our December 8<sup>th</sup> Presentation

**02** | Findings from the Safety Net Community Health Needs Assessment

**03** | Capabilities and Gap Analysis Summary

**04** | Questions and Next Steps

# The cumulative results of our assessments will enable Central Health to take strategic actions and meet community needs





# Recap: Engagement Objectives

## **1. Voice of the Community:**

Through the **community engagement strategy**, understand the perspectives of patients, providers, and community members and ensure that hard to reach populations are included in our assessment of healthcare needs in the service area

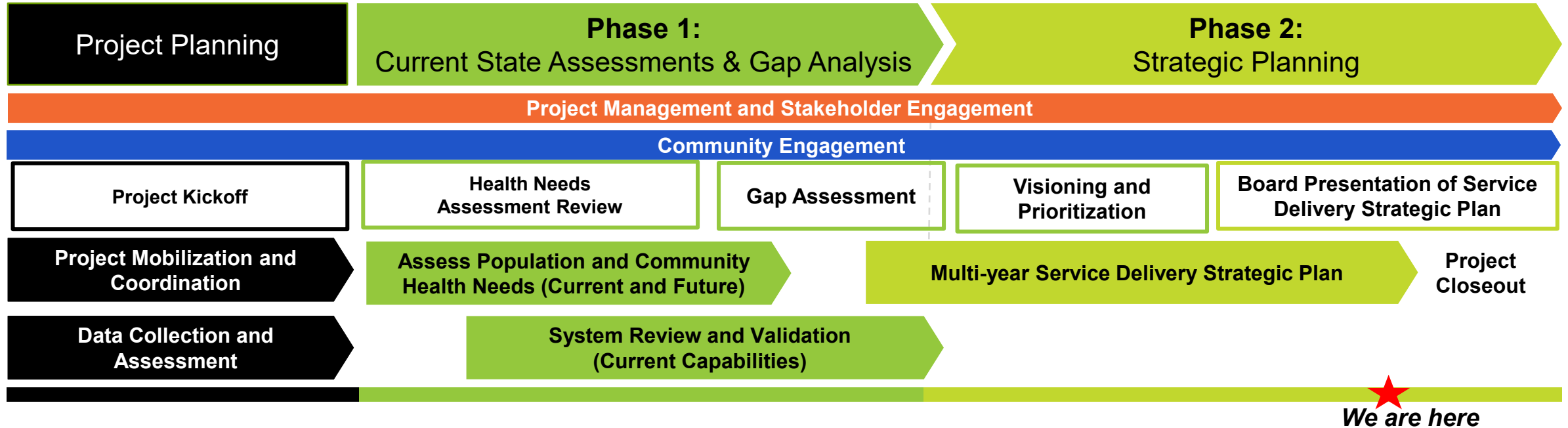
## **2. Community Health Needs Assessment:**

Through development of the **Community Health Needs Assessment Report**, understand the current state of the safety net healthcare system in Travis County, gaps, and future needs

## **3. Service Delivery Strategic Plan**

Develop a **Service Delivery Strategic Plan** to build a comprehensive, high functioning healthcare system to improve the health of Central Health's patients

# Progress and Achievements



## Guidehouse and Central Health Leadership have accomplished the following:

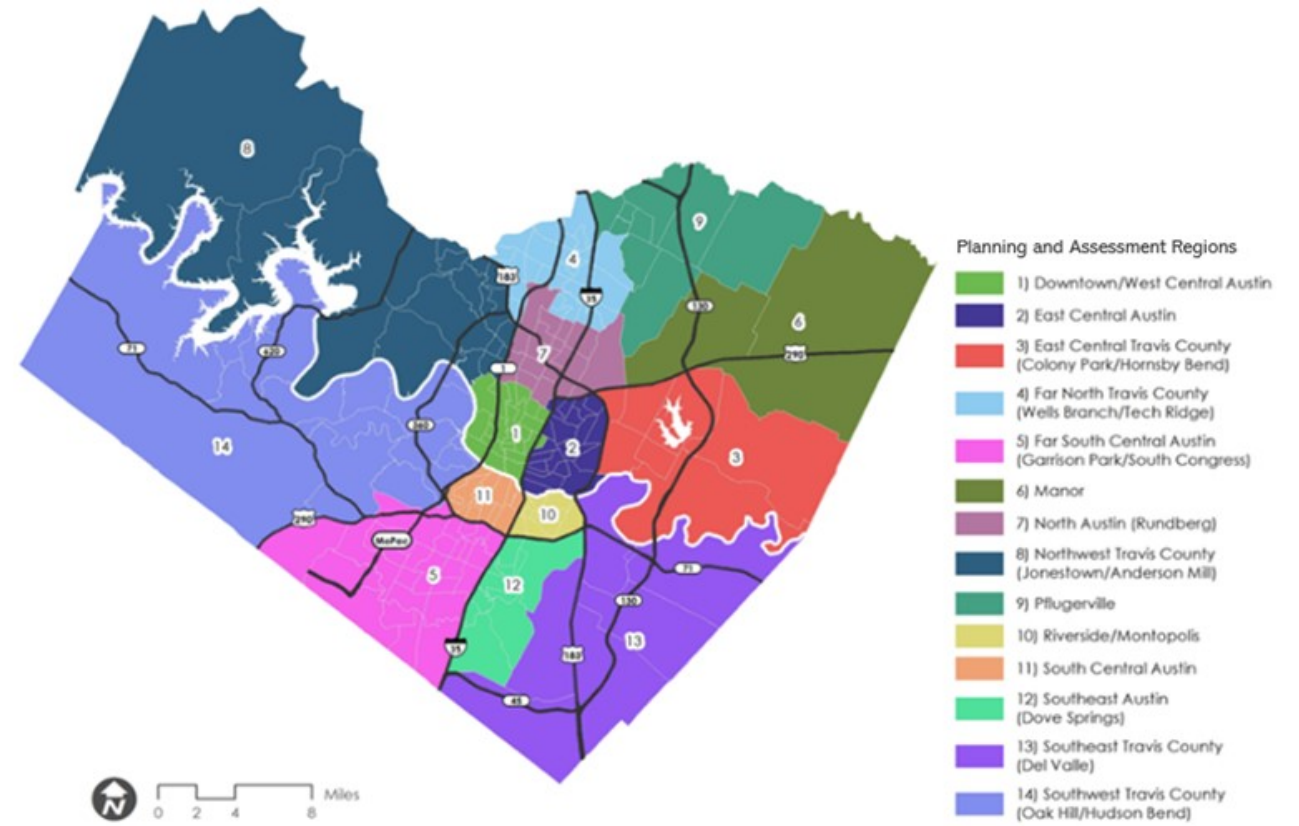
1. Weekly coordination and update meetings with leadership, including weekly working sessions
2. Conducted an In-Person Strategic Visioning Session with the Strategic Planning Advisory Council in December and tested preliminary findings with these leaders on January 27<sup>th</sup>. This Council represents leaders from Ascension, CommUnityCare, Integral Care, Sendero, and UT/Dell Medical
3. Completed our Safety Net CHNA, Capabilities and Gap Assessment, and Voice of the Community Findings Report
4. Presented a summary of the Voice of the Community Findings to the Central Health Board of Managers on January 26<sup>th</sup>

# Significant Findings From The Safety Net CHNA

# 14 Planning And Assessment Regions have been identified to inform the Safety Net Community Health Needs Assessment

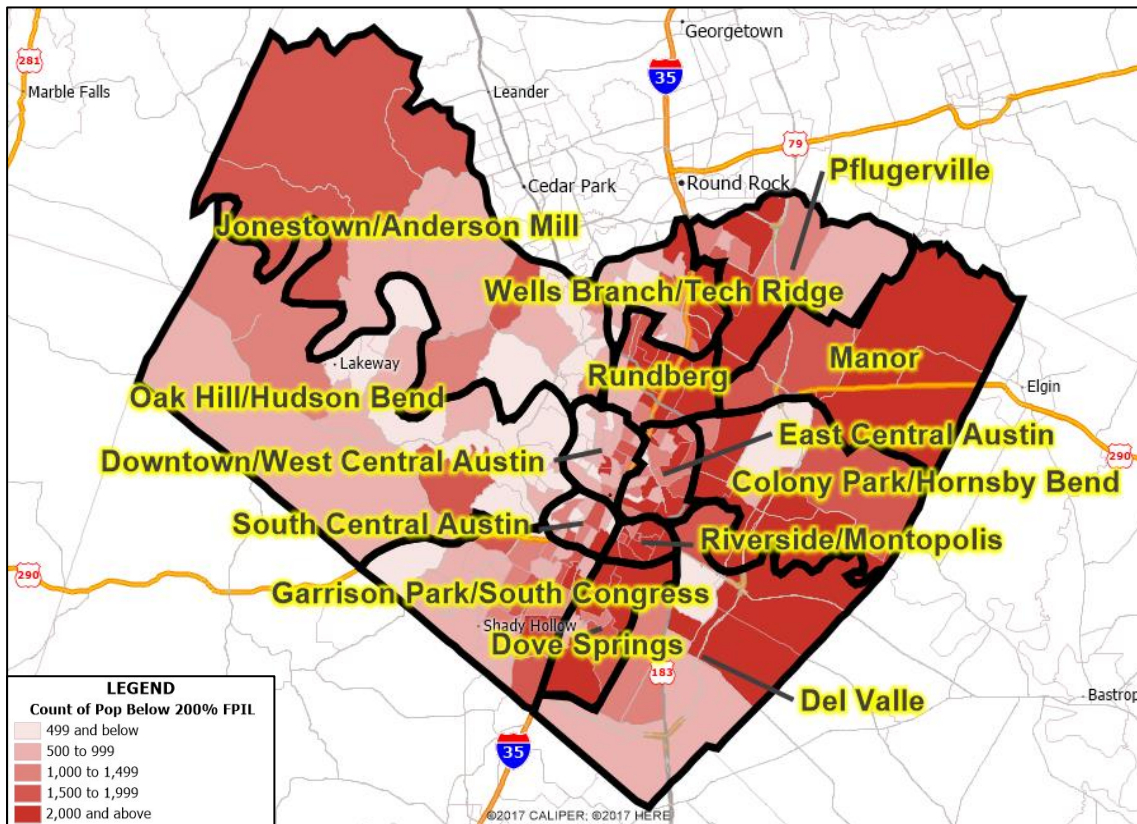
## Planning and Assessment Regions

- Planning and assessment regions were developed based on census tract analysis and other characteristics, including geographic borders, level of urbanization, transportation resources, and population density.
- Core to this analysis is understanding the healthcare needs of Travis County's low-income populations at the local level.

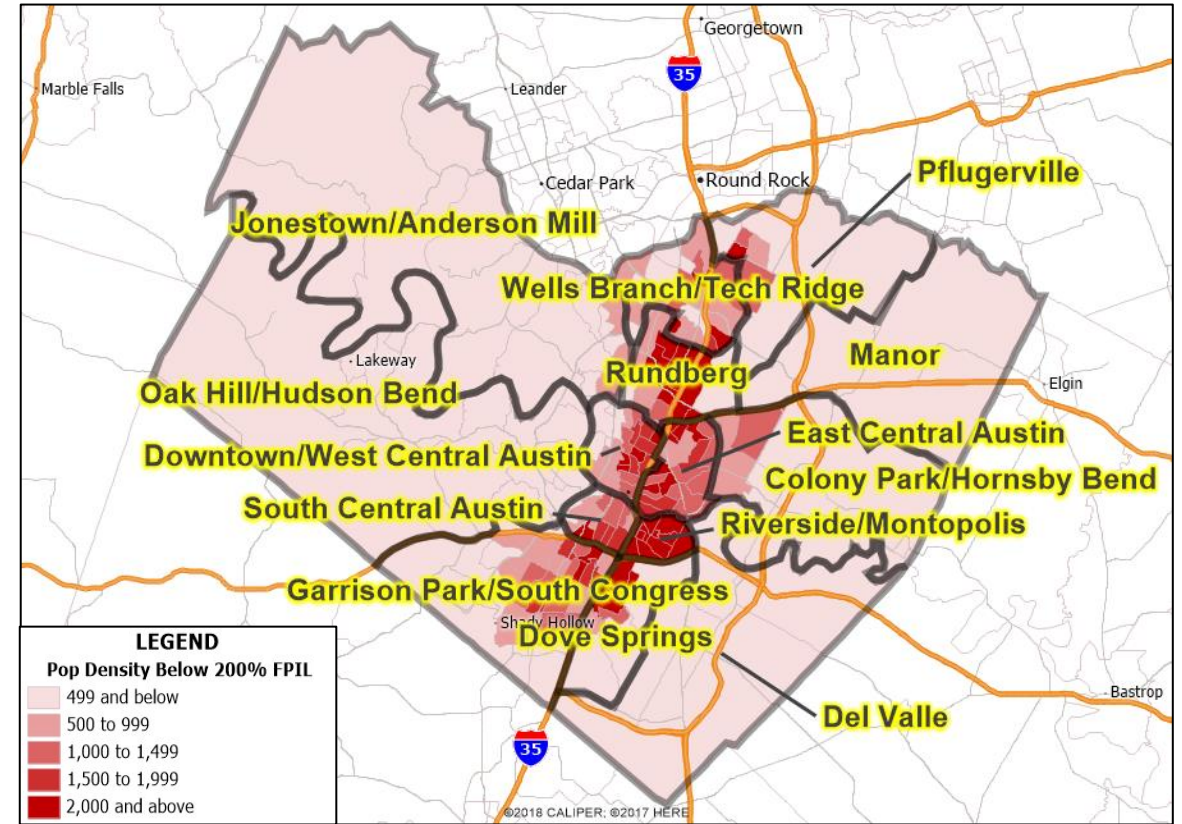


# 14 regions have been identified to inform the engagement approach and assessments

**Absolute Population <200% FPIL by Census Tract**

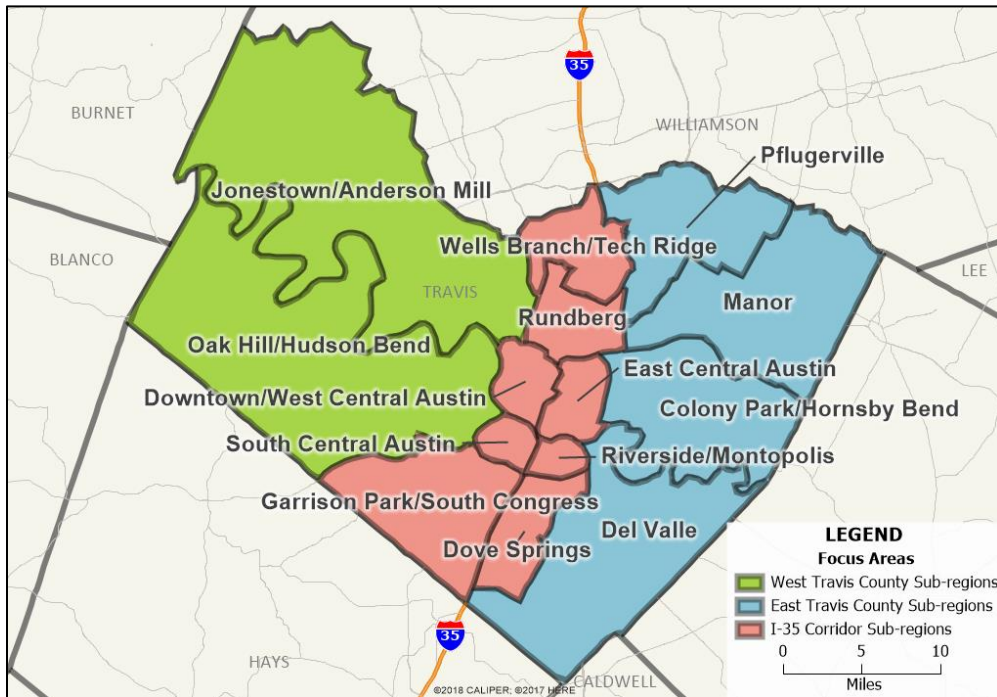


**Pop. Density of Individuals <200% FPIL by Census Tract**



# The Planning and Assessment Regions align to three focus areas: I-35 Corridor, East Travis County, and West Travis County

## Travis County: Focus Areas



## Overview

### I-35 Corridor

- **Total Population: 808,534**
- **~ 74% of the total population <200% FPIL in Travis County**
  - Rundberg makes up 17% of the total <200% FPIL population
- **Total MAP, MAP Basic and SFS enrollment makes up 67% of total enrollment in Travis County, and families in poverty make up 71% of the total families in poverty in Travis County**

### East Travis County

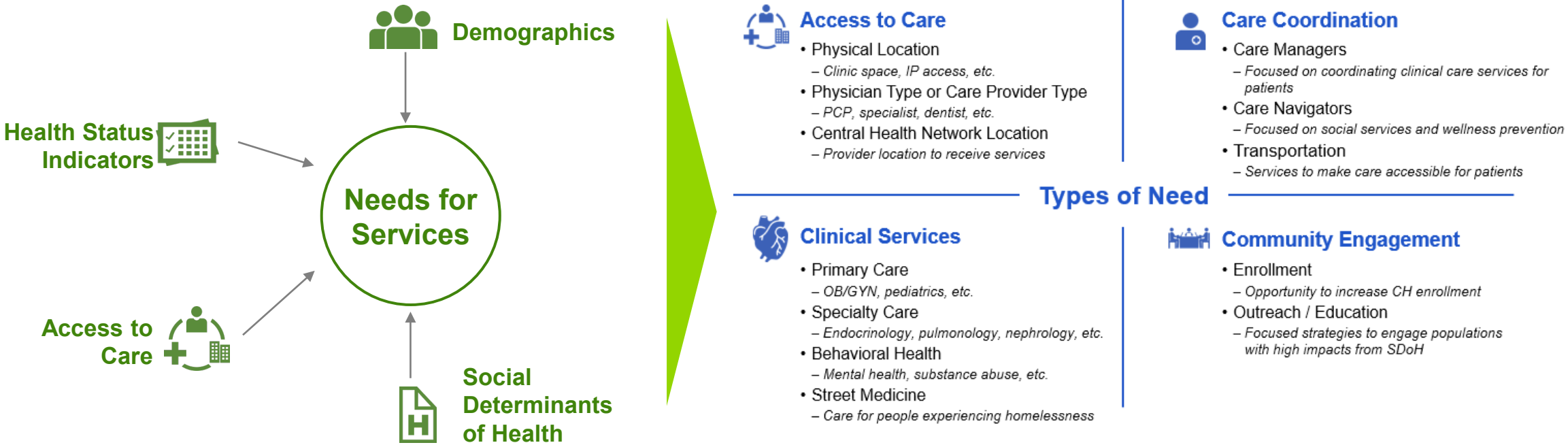
- **Total Population: 216,404**
- **~ 18% of the total population <200% FPIL in Travis County**
- **Total MAP, MAP Basic and SFS enrollment makes up 28% of total enrollment in Travis County and families in poverty make up 19% of the total families in poverty in Travis County**

### West Travis County

- **Total Population: 282,970**
- **~ 8% of the total population <200% FPIL in Travis County**
- **Total MAP, MAP Basic and SFS enrollment makes up 5% of total enrollment in Travis County, and families in poverty make up 9% of the total families in poverty in Travis County**

# Four types of needs for services in the safety net community can be identified through distinct data and qualitative inputs

Four types of need were analyzed (**access to care, care coordination, clinical services, and community engagement**) for each region based on **demographics, health status indicators** (i.e., prevalence of chronic conditions), **multiple social determinant factors, and availability and accessibility of care** (i.e., high school education, no/slow internet, etc.).



# A thorough review of publicly available and published data enabled the identification of critical community needs

## Summary of Significant Health Needs for the Safety Net in Travis County

### 1. Access to primary and preventative, and specialty care across the continuum

Health outcomes data indicates Travis County's safety net population is **vastly underserved and experiences greater challenges trying to access healthcare services. Large shortages of physicians and access points**, resulting in **limited timely and inadequate access** to critical preventative, primary, and specialty care services, including hospital-based, for safety net patients

*Ex: Patients residing in East Travis County and along the I-35 Corridor have proportionally fewer opportunities because of the density of need for primary prevention services, including annual check-ups, dental care, mammograms, pap smears, and colorectal screenings. For Central Health patients in total, screening rates for breast cancer, cervical cancer, and colorectal cancer are lower than Healthy People 2030 Program targets*

### 3. Behavioral Health

Many factors leading to **mental health episodes and substance abuse disproportionately impact patients** served by Central Health. Further, stigma related to behavioral health in a highly minority community affects residents' **willingness to seek help from mental healthcare providers specifically (as opposed to within a primary care model)**

*Ex: Central Health patients in West Travis County have higher prevalence rates of behavioral health issues and substance abuse when compared to County averages. This is not aligned with the health status of the total patient population in West Travis County*

### 2. Management of Chronic Health Conditions

Patients served by Central Health have **higher rates of chronic disease and delayed receipt of critical healthcare services**; opportunities exist to improve population health and chronic disease management through advancement of care models

*Ex: Central Health patients who reside along the I-35 Corridor had the highest rates of chronic conditions, thereby demonstrating a greater need for access to healthcare services in these locations*

### 4. Social Determinants of Health ("SDOH")

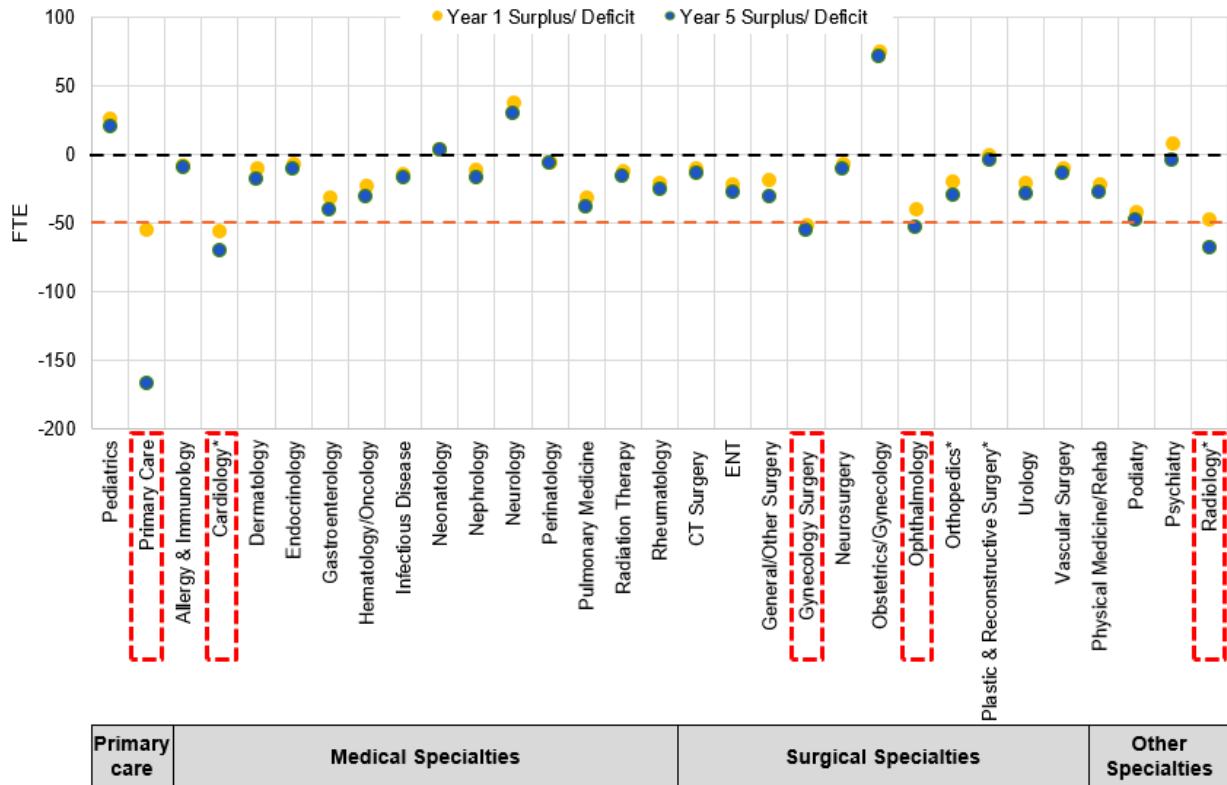
Racial and ethnic minority populations are **more likely to be socially vulnerable** due to their increased likelihood to have an income below FPIL, to live in substandard housing, and to have low access to healthcare providers and services

*Ex: Regions where 50% or more of the population is Hispanic (i.e., Del Valle, Dove Springs, Colony Park/Hornsby Bend, and Riverside/Montopolis) face greater SDOH-related needs than other regions*



# County wide physician shortages over the next five years are likely to impact the safety net population's ability to access care into the future

## Travis County Physician Needs Assessment by Specialty



- The physician **shortage is projected to increase over the next 5 years** due to population growth and the expectation that physicians will retire and/or reduce their clinical practice at 65 years of age or older.
  - For the following specialties, a **shortage of physicians greater than 50 FTEs** has been estimated and or projected to exist: **Primary Care, Cardiology, Gynecology Surgery, Ophthalmology, and Radiology.**
- These shortages will continue to impair Central Health's ability to (1) recruit providers to sufficiently serve the safety net through our contracting structure; these county-wide projected shortages will continue to exacerbate **delays in care for the safety net** and (2) hire physicians that resemble the diverse population that exists in Travis County today, and **can care for residents in their language and through their specific cultural lens**

# Central Health's 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<br>(Physician / APP) | Physician FTE Need for<br>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<br>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
- One physician is estimated to represent **three advanced practice providers** in the safety net community
- Guidehouse benchmarks suggest APPs can meet **50-60% of PCP Needs** in a 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

# Central Health’s 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

# Central Health patients have higher rates of chronic disease resulting in greater access needs for healthcare services

**Prevalence of Chronic Conditions in Central Health Patients**

| Higher than the average of Central Health patients | CH Enrolled Population - FY20 <sup>1</sup>                  | Asthma         | COPD        | Diabetes    | Heart Failure | Hypertension | Malignant Neoplasm | Renal Failure |             |
|--|---|----------------|-------------|-------------|---------------|--------------|--------------------|---------------|-------------|
| <b>I-35 Corridor</b>                               |   |                |             |             |               |              |                    |               |             |
|  | Rundberg  | 21,022         | 4.1%        | 3.9%        | 9.7%          | 2.2%         | 15.2%              | 1.5%          | 1.6%        |
|  | Garrison Park/South Congress                                | 8,335          | 4.9%        | 4.8%        | 11.5%         | 2.7%         | 21.2%              | 2.1%          | 2.2%        |
|  | East Central Austin   | 7,161          | 5.6%        | 5.2%        | 12.4%         | 2.7%         | 21.6%              | 1.8%          | 2.8%        |
|  | Dove Springs  | 10,701         | 4.2%        | 4.3%        | 13.4%         | 1.8%         | 20.2%              | 1.6%          | 1.6%        |
|  | Wells Branch/Tech Ridge                                     | 8,471          | 4.3%        | 3.9%        | 9.8%          | 2.4%         | 17.3%              | 1.6%          | 1.5%        |
|  | Downtown/West Central Austin                                | 1,259          | 7.3%        | 5.2%        | 7.3%          | 3.0%         | 18.7%              | 1.6%          | 4.7%        |
|  | Riverside/Montopolis  | 7,487          | 4.2%        | 3.6%        | 10.8%         | 1.6%         | 16.7%              | 1.5%          | 1.8%        |
|  | South Central Austin  | 2,459          | 3.8%        | 4.8%        | 10.1%         | 2.4%         | 16.7%              | 1.8%          | 1.9%        |
| <b>East Travis County</b>                          |   |                |             |             |               |              |                    |               |             |
|  | Pflugerville  | 7,311          | 4.3%        | 3.7%        | 11.2%         | 2.5%         | 18.6%              | 1.4%          | 1.5%        |
|  | Colony Park/Hornsby Bend                                    | 9,207          | 4.4%        | 4.6%        | 10.8%         | 2.1%         | 17.3%              | 1.3%          | 1.6%        |
|  | Del Valle   | 8,353          | 4.0%        | 3.8%        | 9.5%          | 1.3%         | 17.2%              | 1.1%          | 1.7%        |
|  | Manor   | 3,532          | 4.1%        | 3.9%        | 11.5%         | 2.3%         | 18.4%              | 1.5%          | 1.4%        |
| <b>West Travis County</b>                          |   |                |             |             |               |              |                    |               |             |
|  | Jonestown/Anderson Mill                                     | 2,681          | 4.2%        | 5.1%        | 10.1%         | 2.6%         | 20.7%              | 2.8%          | 2.4%        |
|  | Oak Hill/Hudson Bend  | 2,606          | 4.4%        | 4.5%        | 10.7%         | 2.5%         | 20.4%              | 2.2%          | 2.4%        |
|  | <b>Central Health patients in Travis County<sup>2</sup></b> | <b>100,585</b> | <b>4.4%</b> | <b>4.2%</b> | <b>10.8%</b>  | <b>2.2%</b>  | <b>18.0%</b>       | <b>1.6%</b>   | <b>1.8%</b> |
|  | <b>Total population in Travis County<sup>3</sup></b>        |                | <b>8.2%</b> | <b>5.0%</b> | <b>7.6%</b>   | <b>5.9%</b>  | <b>N/A</b>         | <b>5.9%</b>   | <b>2.7%</b> |
|  | <b>Total population in Texas<sup>3</sup></b>                |                | <b>8.8%</b> | <b>6.4%</b> | <b>10.0%</b>  | <b>3.8%</b>  | <b>N/A</b>         | <b>5.1%</b>   | <b>3.7%</b> |



When compared to Central Health Patient County averages, Central Health patients show:

- Higher prevalence rates in diabetes, heart failure and hypertension in Pflugerville and Manor
- Higher prevalence rates in all included chronic diseases in Garrison Park and East Central Austin
- Jonestown/Anderson Mill and Oak Hill/Hudson Bend perform worse than the County in most of the chronic diseases evaluated. This is not aligned with the health status of the total patient population in West Travis County
- Specific to the safety net population in Travis County, there is a need for more *comprehensive, multi-disciplinary healthcare, treatment planning, and care coordination to coordinate care across providers and settings to improve health outcomes*
- Challenges are further compounded by the fact that there is *not a shared electronic medical record or widely accepted health information exchange* to tie providers together through data sharing to allow for *seamless transitions in care*

# Factors influencing mental distress and substance abuse impact patients served by Central Health disproportionately

## Prevalence of Behavioral Health Conditions in Central Health Patients

| Worse than the average of Central Health patients | CH Enrolled Population - FY20 <sup>1</sup>                  | Behavioral Health | Behavioral Health (No Substance) | Substance Abuse |             |
|---|---|-------------------|----------------------------------|-----------------|-------------|
| <b>I-35 Corridor</b>                              |   |                   |                                  |                 |             |
|   | Rundberg  | 21,022            | 12.4%                            | 11.9%           | 1.6%        |
|   | Garrison Park/South Congress                                | 8,335             | 20.7%                            | 19.8%           | 3.7%        |
|   | East Central Austin   | 7,161             | 17.8%                            | 17.0%           | 2.9%        |
|   | Dove Springs  | 10,701            | 16.0%                            | 15.6%           | 1.4%        |
|   | Wells Branch/Tech Ridge                                     | 8,471             | 14.4%                            | 13.9%           | 1.8%        |
|   | Downtown/West Central Austin                                | 1,259             | 29.9%                            | 27.8%           | 9.6%        |
|   | Riverside/Montopolis  | 7,487             | 14.9%                            | 14.1%           | 2.1%        |
|   | South Central Austin  | 2,459             | 19.3%                            | 18.0%           | 3.9%        |
| <b>East Travis County</b>                         |   |                   |                                  |                 |             |
|   | Pflugerville  | 7,311             | 13.4%                            | 13.2%           | 1.0%        |
|   | Colony Park/Hornsby Bend                                    | 9,207             | 13.1%                            | 12.8%           | 1.0%        |
|   | Del Valle   | 8,353             | 15.6%                            | 14.6%           | 2.6%        |
|   | Manor   | 3,532             | 13.4%                            | 13.1%           | 1.2%        |
| <b>West Travis County</b>                         |   |                   |                                  |                 |             |
|   | Jonestown/Anderson Mill                                     | 2,681             | 18.4%                            | 17.9%           | 2.9%        |
|   | Oak Hill/Hudson Bend  | 2,606             | 16.8%                            | 15.9%           | 2.3%        |
|   | <b>Central Health patients in Travis County<sup>2</sup></b> | <b>100,585</b>    | <b>15.4%</b>                     | <b>14.7%</b>    | <b>2.1%</b> |
|   | <b>Total population in Travis County<sup>3</sup></b>        |                   | <b>11.7%</b>                     | <b>N/A</b>      | <b>N/A</b>  |
|   | <b>Total population in Texas<sup>3</sup></b>                |                   | <b>13.4%</b>                     | <b>N/A</b>      | <b>N/A</b>  |



When compared to Central Health Patient County averages, Central Health patients show:


- **Disproportionate disease burden** of behavioral health overall, behavioral health (no substance), and substance abuse in Garrison Park/South Congress, East Central Austin, Downtown/West Central Austin, and South Central Austin
- **There is a higher prevalence** of behavioral health overall and substance abuse in Del Valle
- Jonestown/Anderson Mill and Oak Hill/Hudson Bend **perform worse** than the County average in behavioral health overall, behavioral health (no substance), and substance abuse. **Central Health patient needs in Jonestown/Anderson Mill for behavioral health and substance abuse are more pronounced than Central Health patients overall**
- Central Health patients are **disproportionately impacted by inequity, low income, poor physical health, unemployment and high cost of living** that lead to mental distress and substance abuse

# Access to healthy foods, digital tools and the internet is critical for promoting and maintaining positive health outcomes

**Social Determinants of Health: Physical Environment Factors, All Residents of Travis County**

| Planning and Assessment Region | Households with No Computer <sup>1</sup> , % | Households with No or Slow Internet <sup>1</sup> , % | Households with Broadband Access <sup>2</sup> , % | Population Living in Food Deserts <sup>3</sup> , % | Low Income Population with Low Food Access <sup>3</sup> , % |
|--------------------------------|--|--|---|--|---|
| <b>I-35 Corridor</b>           |  |  |   |  |   |
| Rundberg                       | 9.8%   | 19.4%  | 100.0%  | 12.1%  | 1.6%  |
| Garrison Park/South Congress   | 3.4%   | 10.8%  | 99.9%   | 48.3%  | 3.8%  |
| East Central Austin            | 10.9%  | 20.7%  | 100.0%  | 24.1%  | 4.4%  |
| Dove Springs                   | 8.6%   | 15.6%  | 100.0%  | 55.3%  | 7.7%  |
| Wells Branch/Tech Ridge        | 4.3%   | 10.4%  | 99.1%   | 57.5%  | 7.2%  |
| Downtown/West Central Austin   | 2.1%   | 8.2%   | 99.8%   | 13.7%  | 0.7%  |
| Riverside/Montopolis           | 7.1%   | 25.8%  | 100.0%  | 21.4%  | 2.3%  |
| South Central Austin           | 4.0%   | 12.4%  | 100.0%  | 0.0%   | 0.7%  |
| <b>East Travis County</b>      |  |  |   |  |   |
| Pflugerville                   | 1.6%   | 6.0%   | 99.4%   | 87.9%  | 12.2%   |
| Colony Park/Hornsby Bend       | 6.5%   | 16.5%  | 100.0%  | 81.4%  | 25.0%   |
| Del Valle                      | 11.1%  | 17.6%  | 99.9%   | 20.6%  | 15.0%   |
| Manor                          | 3.5%   | 7.0%   | 100.0%  | 0.0%   | 0.0%  |
| <b>West Travis County</b>      |  |  |   |  |   |
| Jonestown/Anderson Mill        | 2.7%   | 5.9%   | 99.2%   | 68.6%  | 5.1%  |
| Oak Hill/Hudson Bend           | 2.2%   | 4.5%   | 99.2%   | 63.9%  | 3.6%  |
| <b>Travis County</b>           | <b>4.9%</b>                                  | <b>11.8%</b>   | <b>99.7%</b>                                      | <b>44.1%</b>                                       | <b>5.3%</b>   |
| <b>Texas</b>                   | <b>9.0%</b>                                  | <b>18.1%</b>   | <b>96.4%</b>                                      | <b>76.5%</b>                                       | <b>23.5%</b>  |
| <b>United States</b>           | <b>9.7%</b>                                  | <b>17.3%</b>   | <b>96.3%</b>                                      | <b>48.1%</b>                                       | <b>19.4%</b>  |

Worse than the County Average



**Analysis: Access to Healthy Foods**  
*Lacking access to fresh and healthy food can lead to the development of chronic conditions such heart disease and diabetes*

**25%** Residents in Colony Park/Hornsby Bend are both low income and have low access to food

**>50%** Residents in Dove Springs, Wells Branch/ Tech Ridge, Pflugerville, Colony Park/ Hornsby Bend, and all of West Travis County live in Food Deserts

**Analysis: Computer and Internet Access**  
*Access increases the ability to use telehealth and other online tools to engage with health providers*

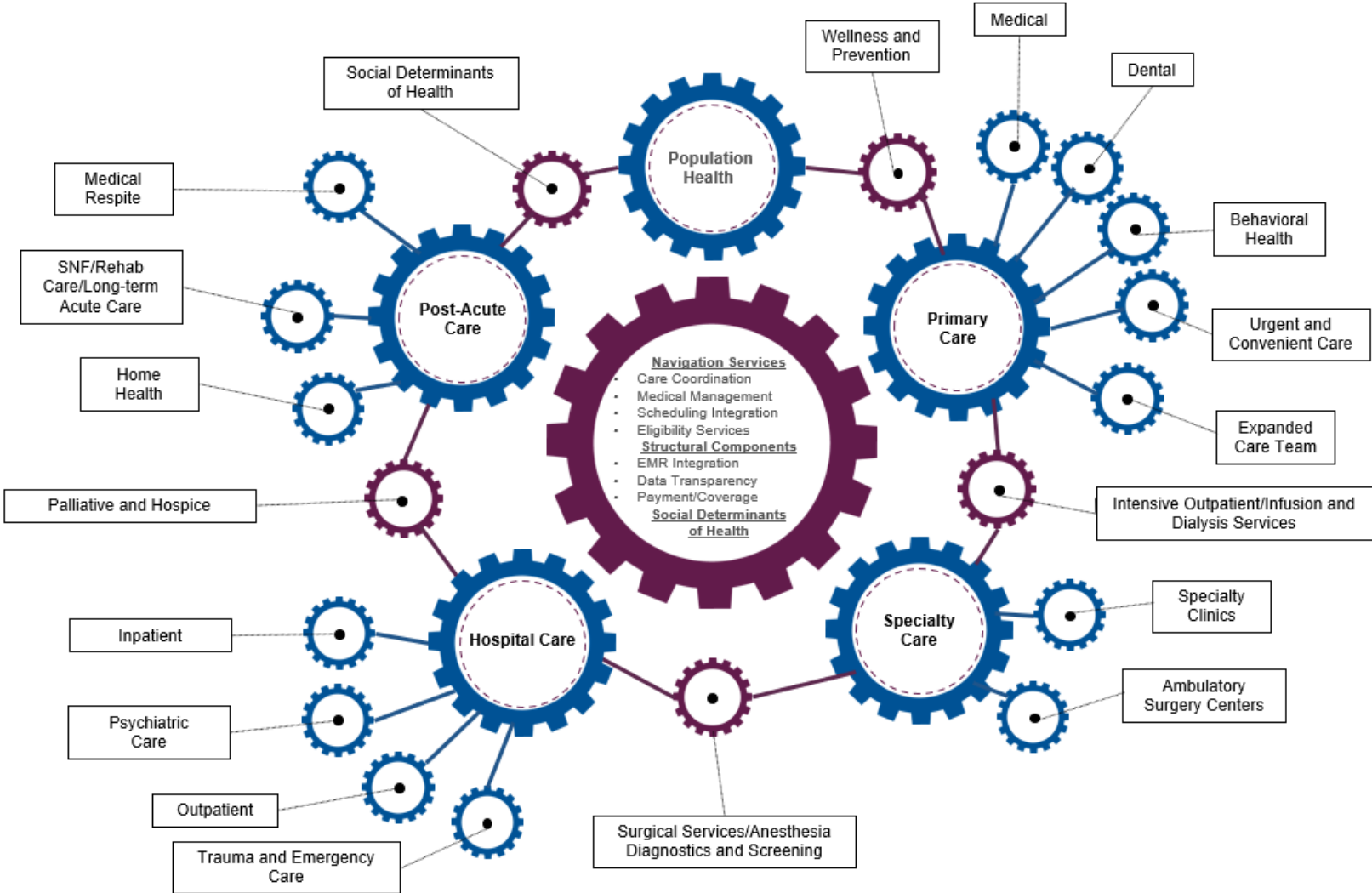
**1/4** Households in Riverside/ Montopolis have no or slow internet; the highest rate

**2x** Rate of households with no computers in Dove Springs, East Central Austin, and Rundberg is 2x higher than the Travis County overall rate

# Capabilities and Gap Analysis Summary

# 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?





# 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

# 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

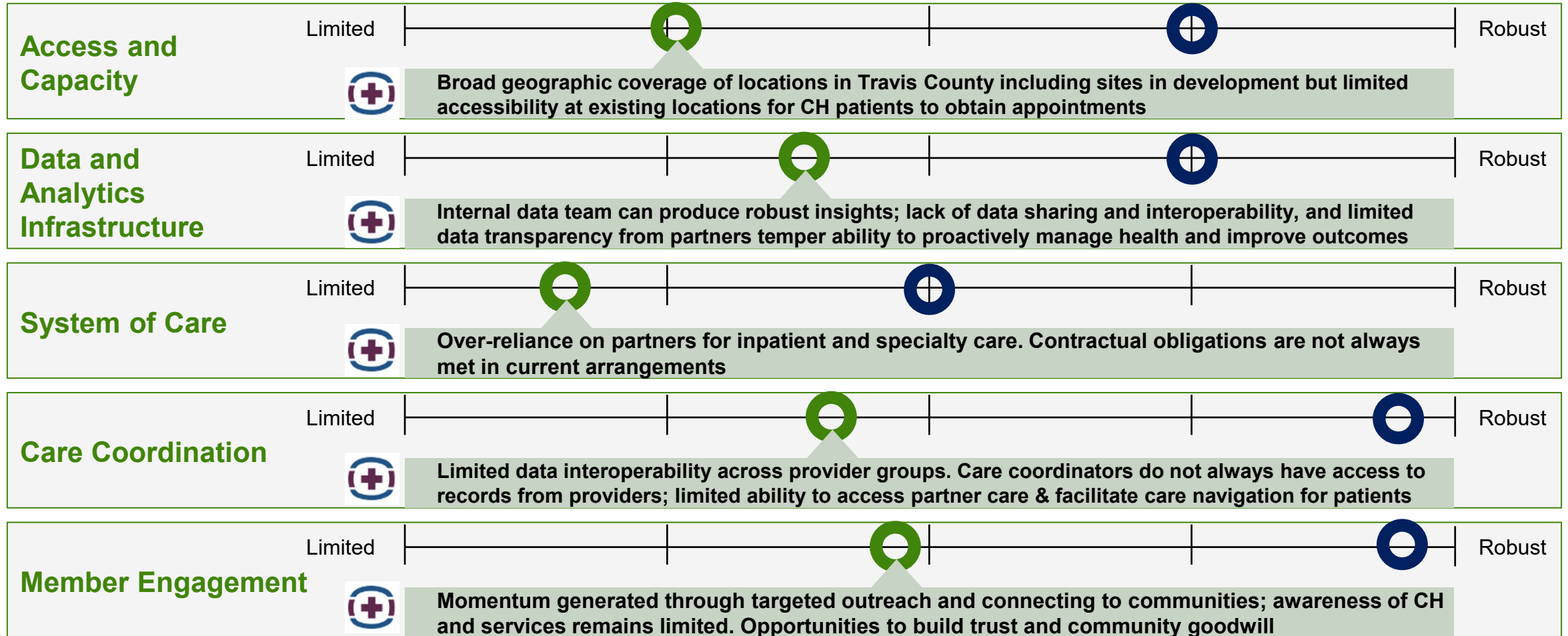
- Ability to coordinate care and share patient information/ data effectively across points of care
- Appropriate access to care coordinators, case managers, and social workers to facilitate timely access to care and support effective, multi-disciplinary care coordination

### Member Engagement

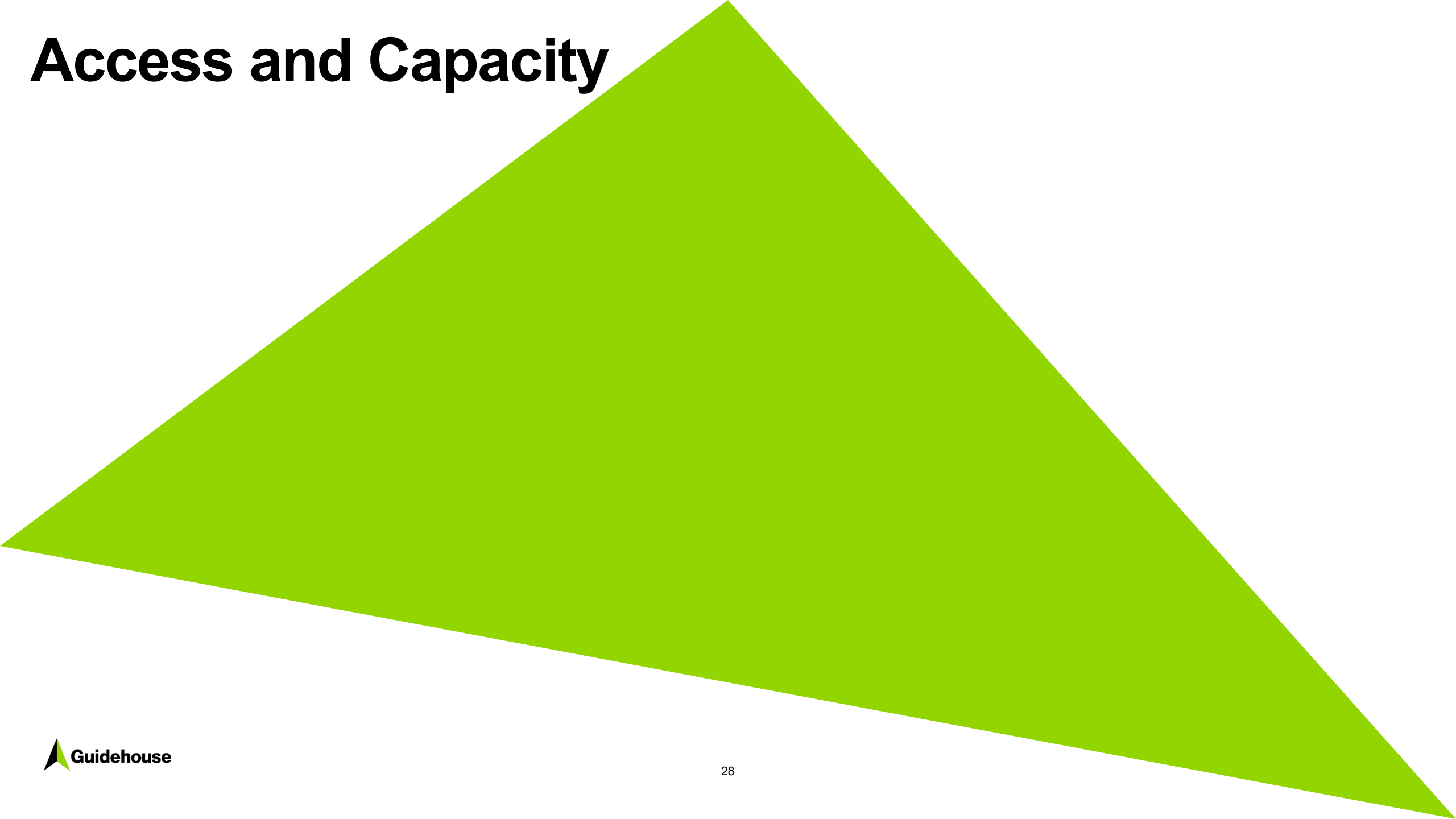
- Ongoing member engagement focused on hard-to-reach populations; Ensuring that communities feel needs are met and that voices are heard; Brand awareness and community perception reflects trust

# 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



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

Number of Central Health Network Facilities within Travis County

| 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>10</b>              | <b>6</b>        | <b>9</b> | <b>11</b>  |
| <i>Rundberg</i>                      | 5            |                | 2                      |                 | 1        | 2          |
| <i>Garrison Park/ South Congress</i> | 4            |                | 3                      | 1               | 1        | 2          |
| <i>East Central Austin</i>           | 6            | 1              |                        | 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              | 1                      | 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
- 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

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

Number of Central Health Network Facilities within Travis County (cont'd)

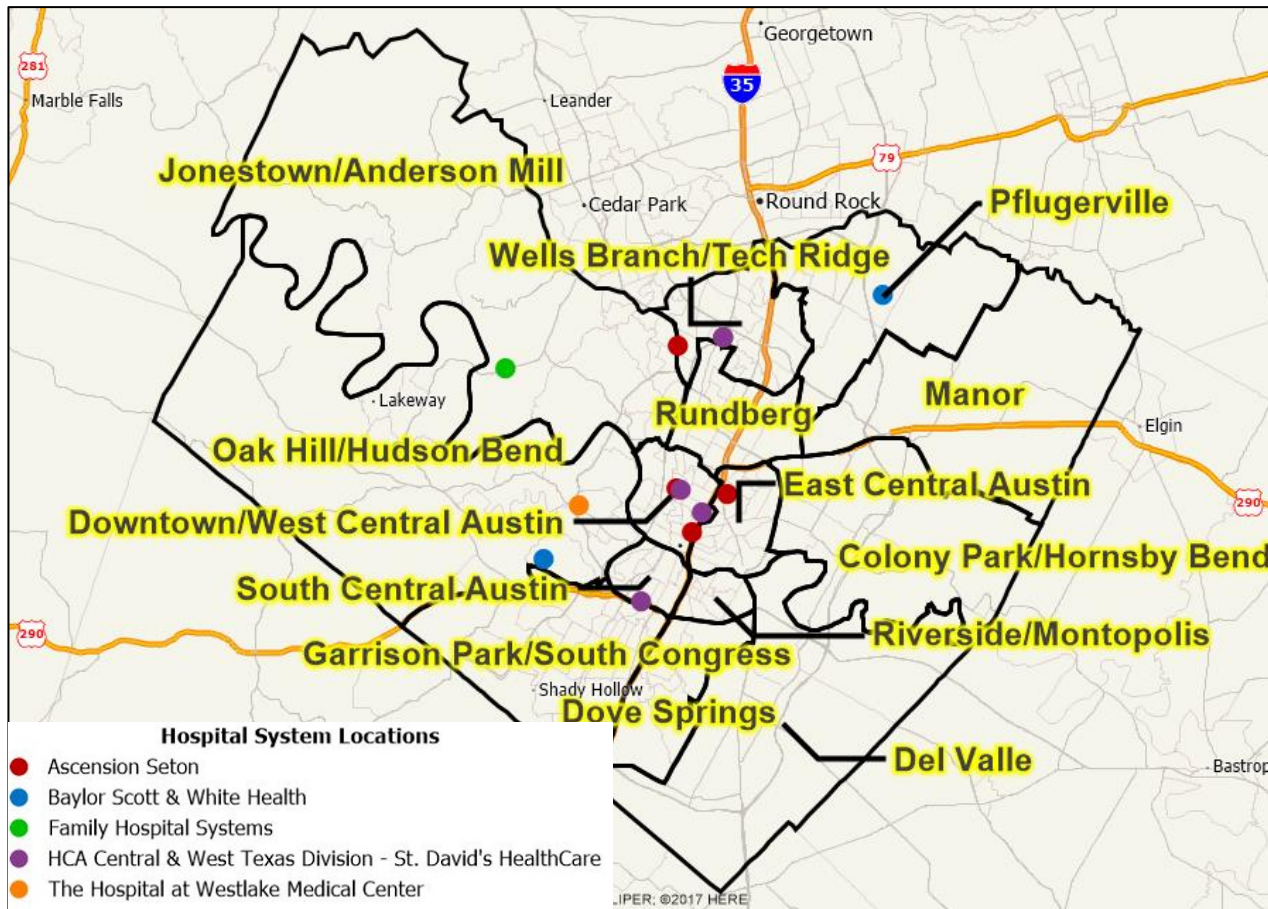
| Planning and Assessment Region   | Primary Care | Multispecialty | Advanced Mental Health | Convenient Care | Dental   | Post-Acute |
|----------------------------------|--------------|----------------|------------------------|-----------------|----------|------------|
| <b>East Travis County</b>        | <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 has limited geographic coverage **in East Travis County regions**; there are no advanced mental health facilities or multispecialty care options
- Central Health has planned activities **to significantly expand services and access in East Travis County, particularly Colony Park, Hornsby Bend, and Del Valle**

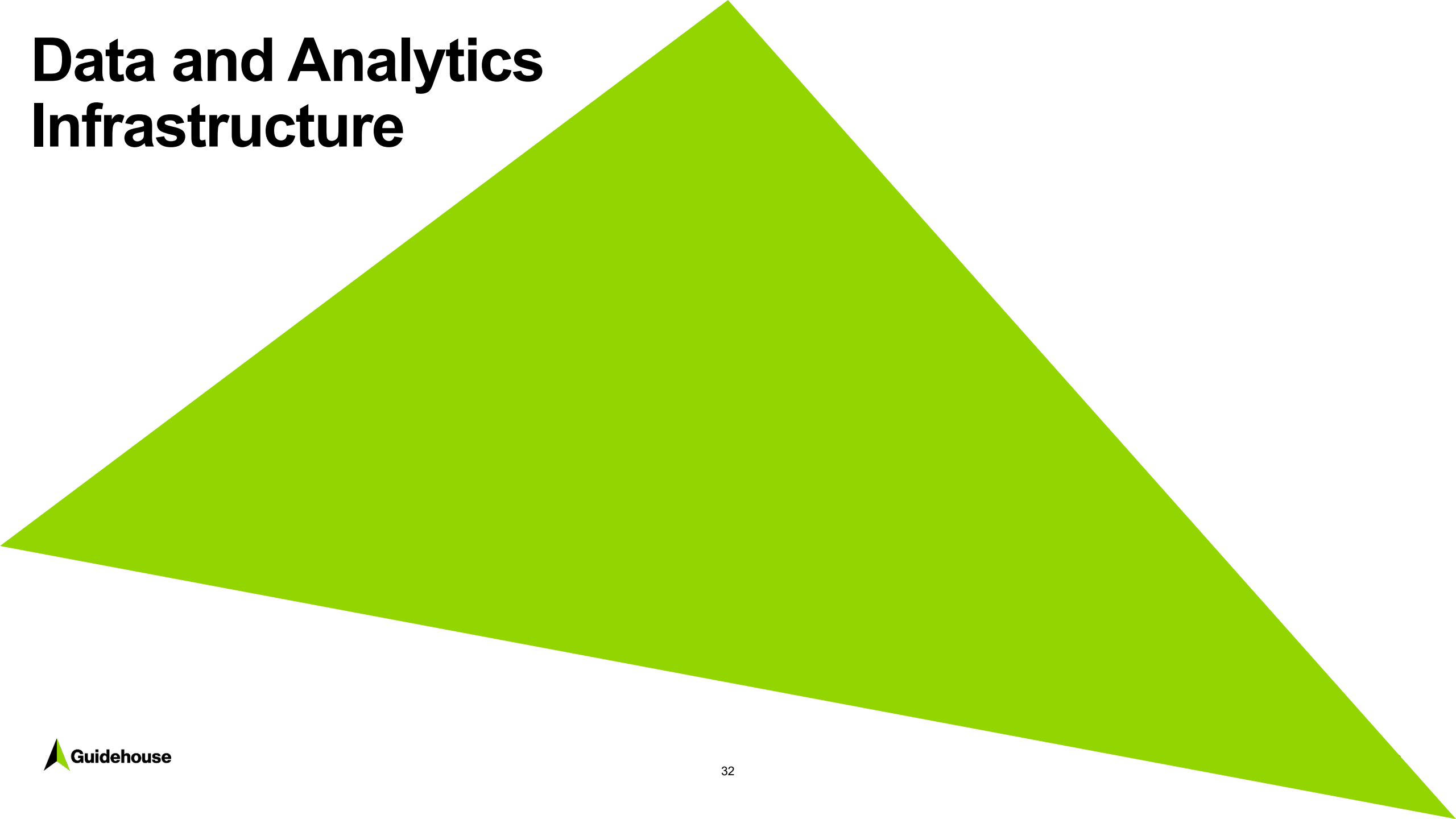
# Central Health patients can access comprehensive hospital services through Seton; other options are limited

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 members to receive comprehensive services in the acute care setting
- Members can receive emergent services through other providers, primarily from St. David's

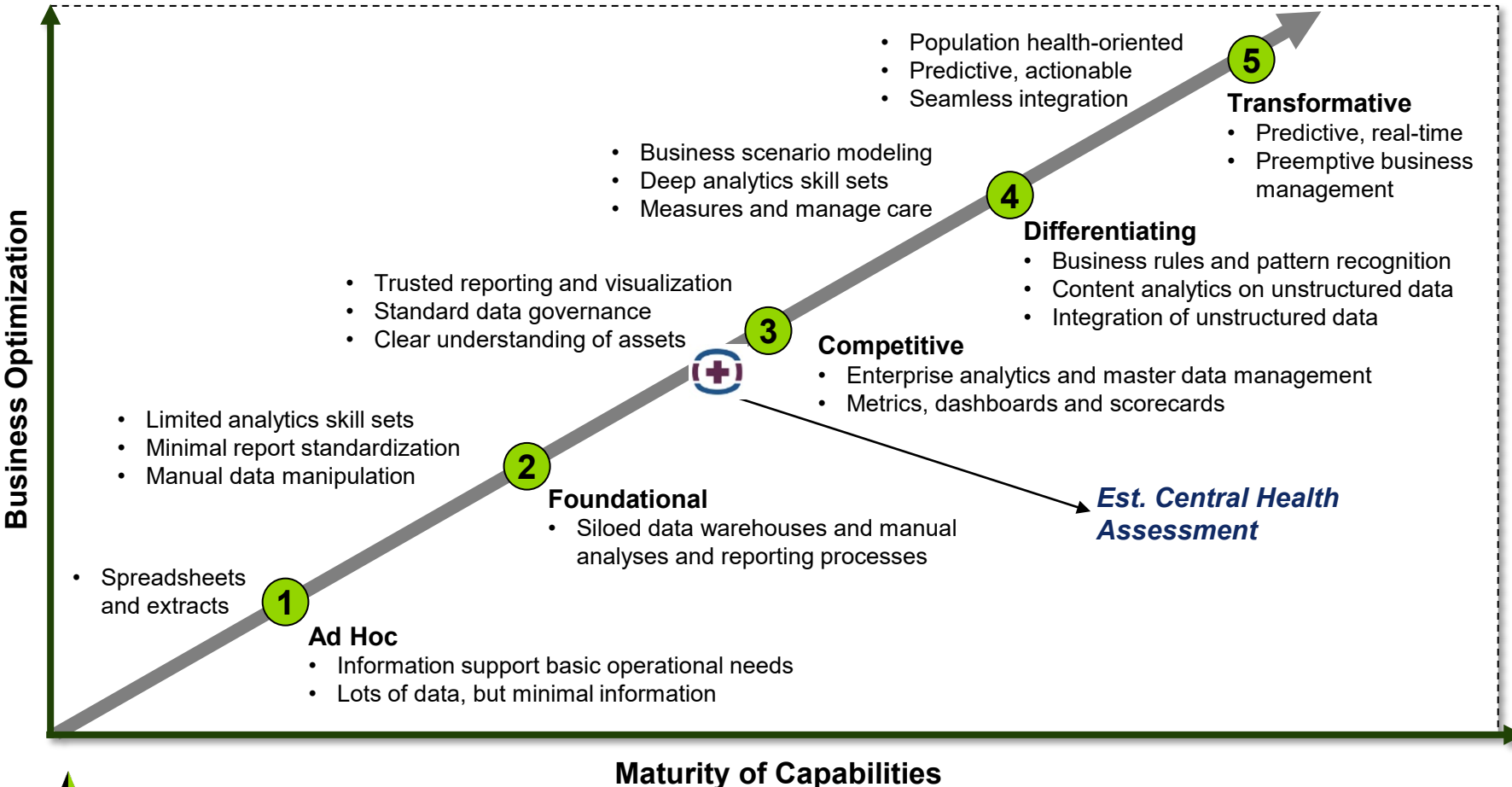
# Data and Analytics Infrastructure





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





## Analytic Capability Continuum



**Lightbulb icon:**

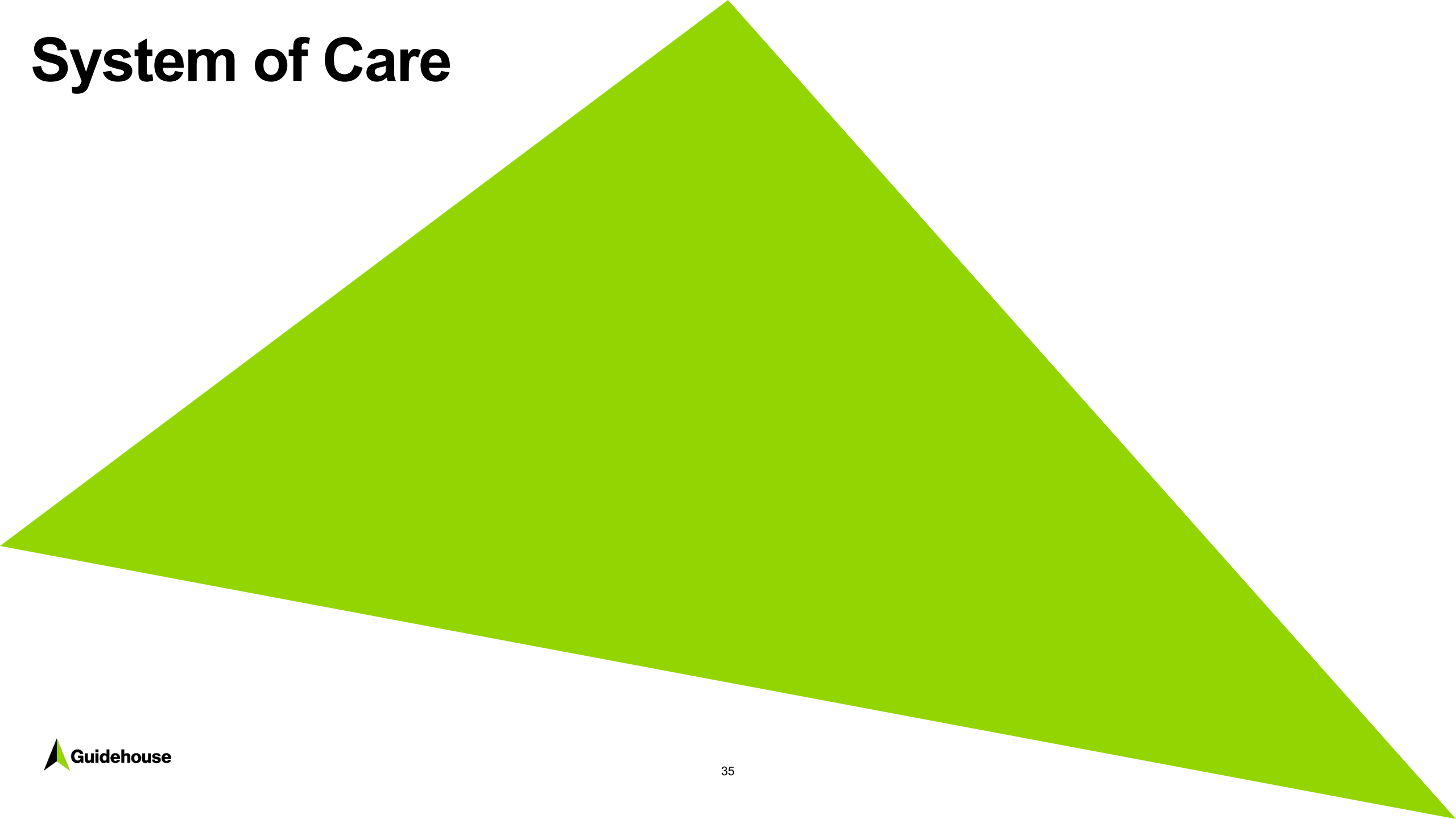
- Central Health has the personnel and expertise to **collect, analyze, and synthesize data** into timely, meaningful insights
- **Limited access** to other organizations' data is deterrent to system coordination and performance
- **Lack clinical data integration** hinders comprehensive multi-disciplinary 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

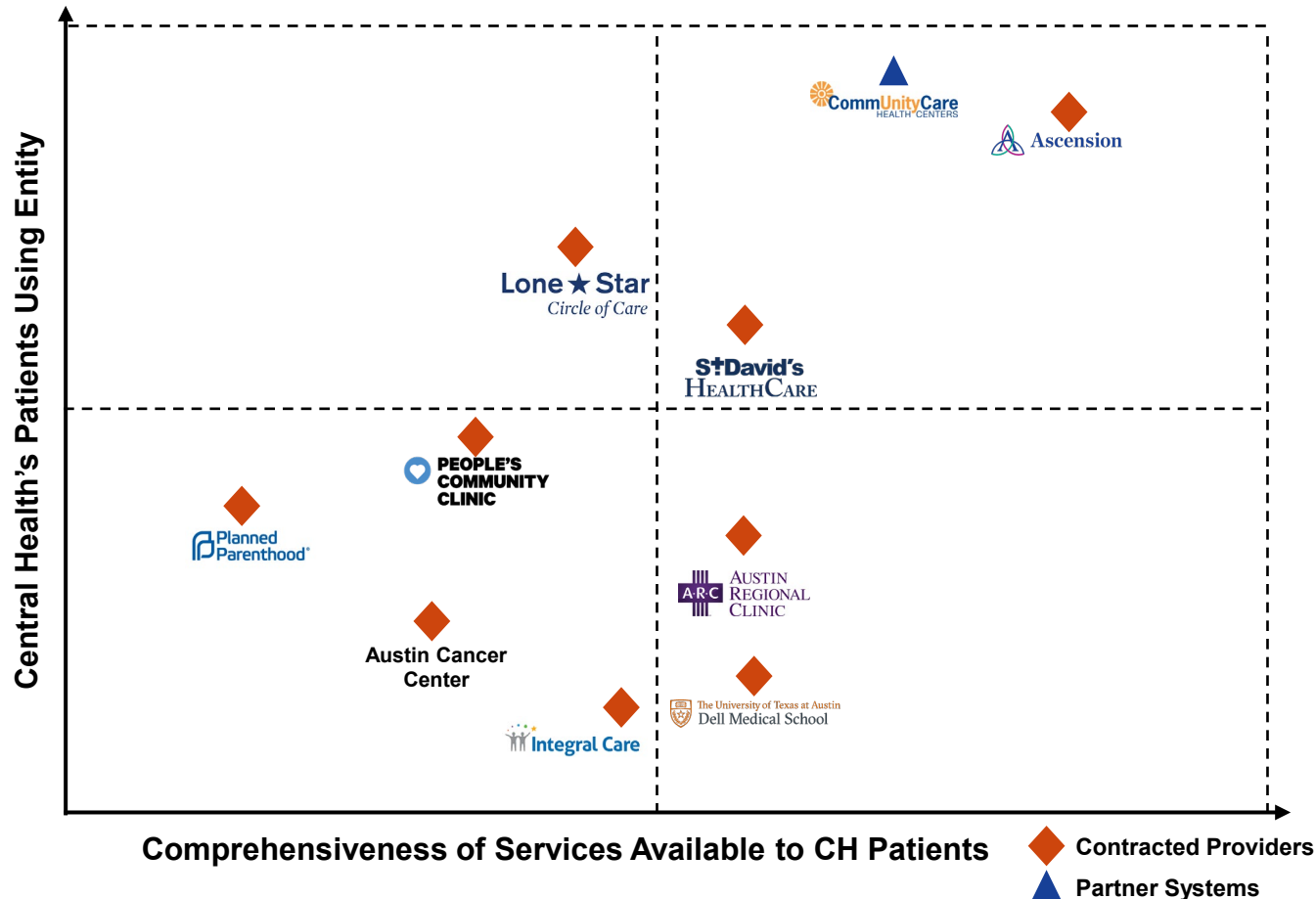
| Access to Data   | Data Infrastructure   | Personnel and Expertise   | Data Governance   |
|--|---|---|---|
|  <b>Limited</b>   |  <b>Adequate</b>   |  <b>Adequate</b>   |  <b>Limited</b>  |
| <ul style="list-style-type: none"><li>• Limited interoperability with partners' systems</li><li>• Data from 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



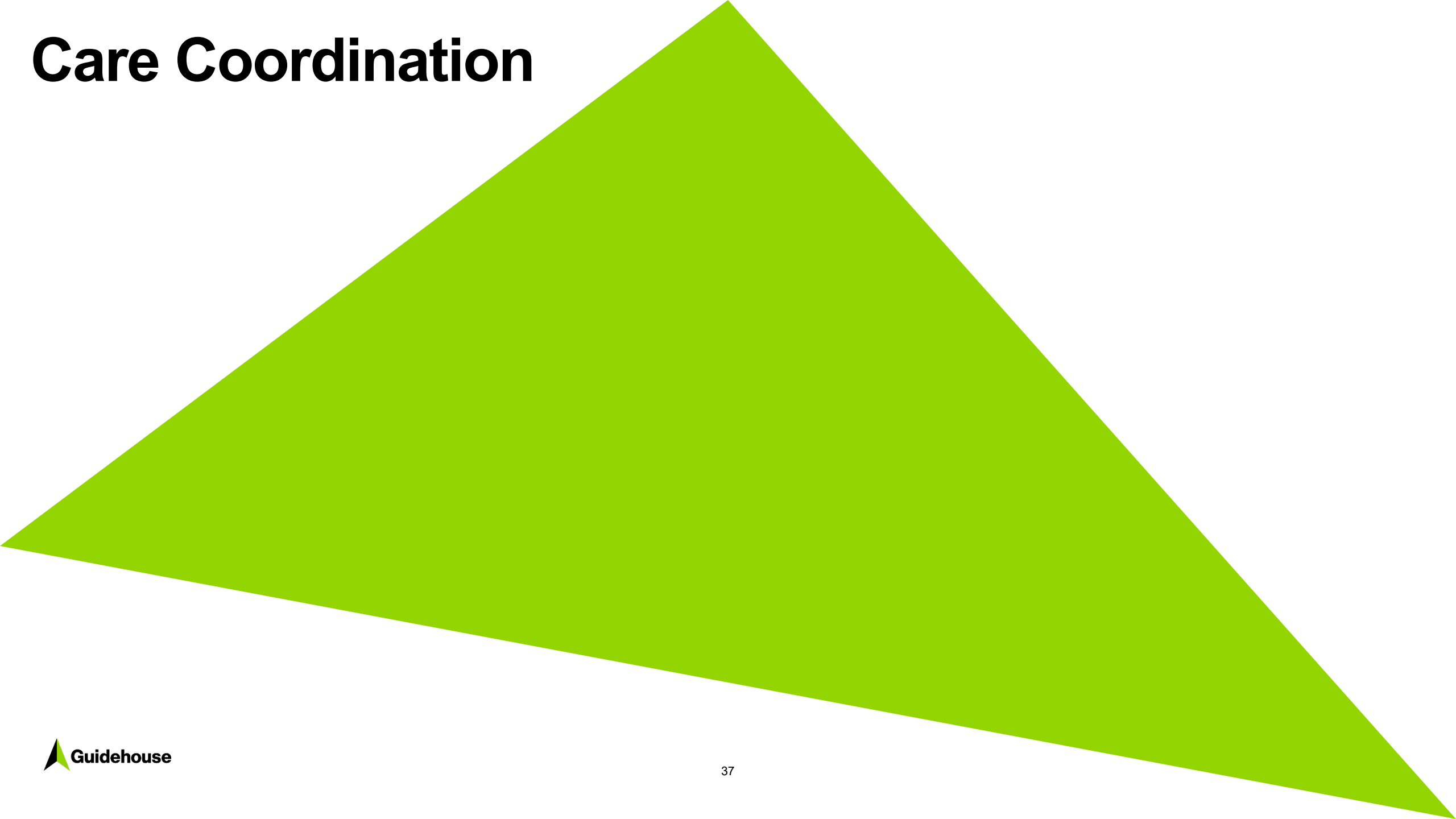
# Improving access to patient appointment and quality data will enable the efficient use of Central Health’s contracted providers










- 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 contracted providers provide limited but necessary access that enables the closure of key gaps in the continuum of clinical care
- Recommendations:
  - Assure adequate access for Central Health patients with these providers
  - Ensure contractual arrangements provide access to care in a timely manner

# Care Coordination



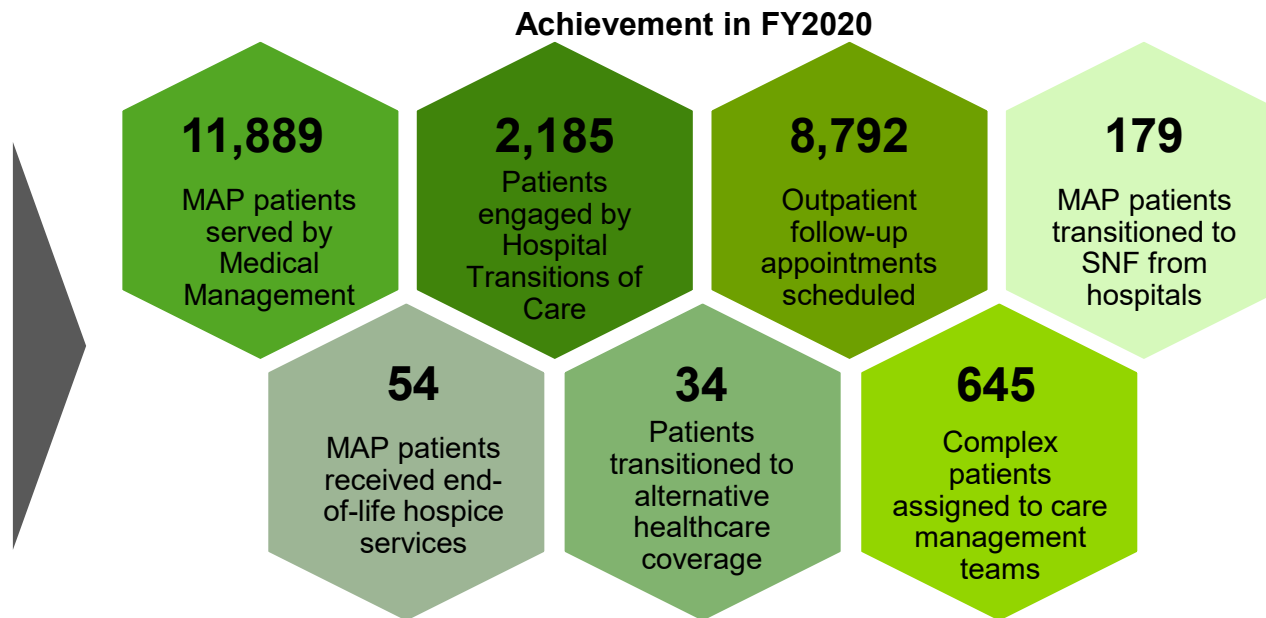
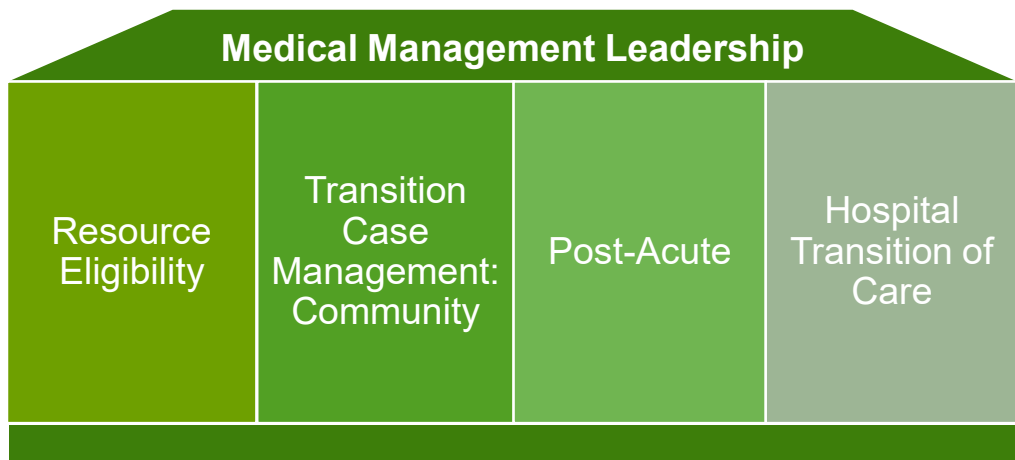
# Care coordination capabilities are limited across all major components needed

| Patient Data Capabilities   | Provider Communication  | Systems and Platforms  | Personnel  |
|---|---|--|--|
|  <b>Limited</b>  |  <b>Limited</b>  |  <b>Limited</b>   |  <b>Limited</b>   |
| <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> | <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> | <ul style="list-style-type: none"><li>• 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> | <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**

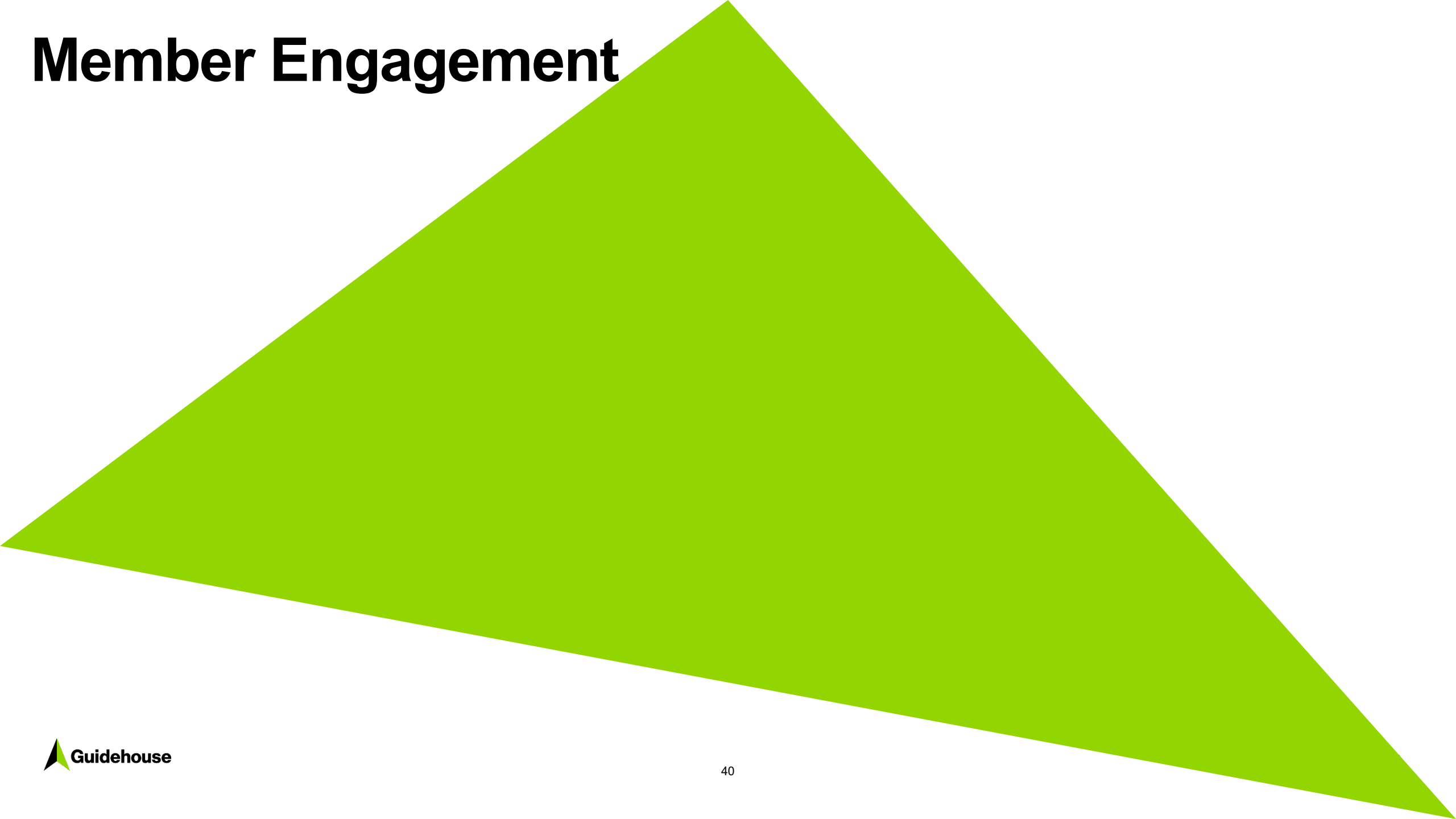
# Opportunities exist to promote an integrated IT platform that will improve collaboration with partners across the patient journey

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** makes it difficult to provide 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





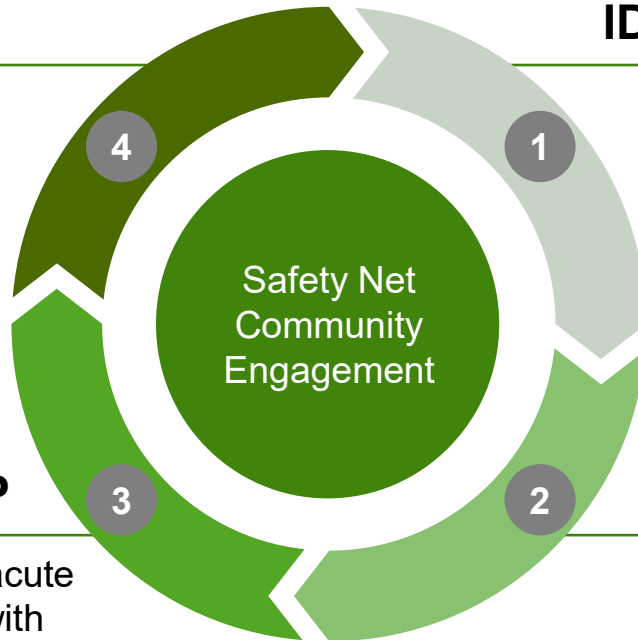
# Central Health must expand outreach and build long-term trust with safety net communities

## 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

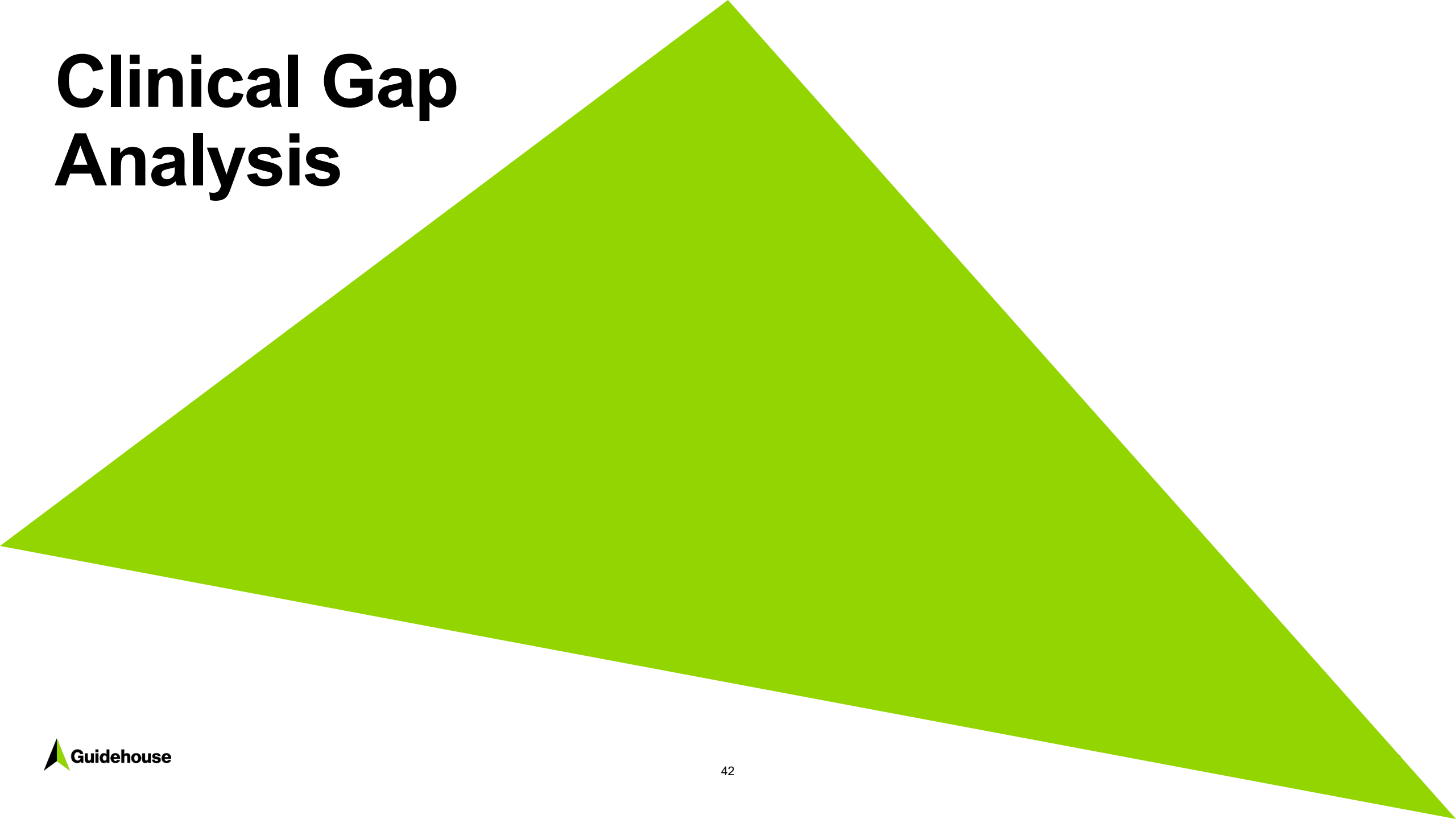
## CONNECT & SERVE

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 some parts are extremely 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






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




Analytical Framework and GH Characterization of CH Gaps





# 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>CommUnityCare offers 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 locations will partially address demand for emergent primary 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>  |

# 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 of 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; no access to providers in East and West Travis County</li> </ul>       |
| <p><b>6 Dental</b></p>  <ul style="list-style-type: none"> <li>Current access to primary and specialty dental service 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> <li>Current CH enrolled population requires ~30 ED Stations and 130 Inpatient Beds*; to serve all patients under 200% FPL requires ~3x as many ED stations and inpatient beds</li> </ul> |
| <p><b>8 Post Acute Care</b></p>  <ul style="list-style-type: none"> <li>Inadequate network/ partnership with providers</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>   |

# Questions and Next Steps

- 1. February 9**      **Presentation of Service Delivery Strategic Plan and Sharing of Supporting Detailed Reports**
- 2. February 15**      **Questions and Answers**
- 3. February 23**      **Meeting to Take Action on Equity-Focused, Service Delivery Strategic Plan**



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**February 2, 2022**

## **AGENDA ITEM 2**

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