



## **Board of Directors**

### **Meeting**

**Tuesday, May 13, 2014**

**2:00 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

## **Meeting Minutes**

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### **I. Call to Order and Record of Attendance**

On Tuesday, May 13, 2014, a public meeting of the CCC Board of Directors was called to order at 2:10 p.m. in the Board Room at Central Health Administrative Offices located at 1111 E. Cesar Chavez St, Austin, Texas 78702. Chairperson Patricia A. Young Brown and Vice-Chairperson Greg Hartman were both present. The clerk for the meeting was Margo Gonzalez.

#### Clerk's Notes:

Secretary Gonzalez took record of attendance.

#### Directors Present:

Chairperson Patricia A. Young Brown, Vice-Chairperson Greg Hartman, Jeff Knodel, Sarah Cook (Proxy for Christie Garbe), Willie Lopez (Proxy for Tim LaFrey) and David Evans (Non-Voting Advisory Board Member)

#### Officers Present:

Larry Wallace (Executive Director) and Margo Gonzalez (Secretary)

#### Other Attendees Present:

Beth Devery (General Counsel)

### **II. Public Comments**

#### Clerk's Notes:

None.

### **III. General Business**

## **A. Consent Agenda**

*All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.*

1. Approve minutes from the April 8, 2014 CCC Board of Directors meeting.

### Clerk's Notes:

Director Knodel moved that the Board approve Consent Agenda item A(1). Vice-Chairperson Hartman seconded the motion. The motion was passed on the following vote:

Director Patricia A. Young Brown (Chair)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Jeff Knodel	For
Director Sarah Cook (Proxy)	For
Director Willie Lopez (Proxy)	For

## **B. Regular Agenda**

1. Receive a Delivery System Reform Incentive Payment (DSRIP) Projects update.

### Clerk's Notes:

Sarah Cook provided an update on the 15 DSRIP Projects and distributed a dashboard which summarizes the progress of each project and a key that explains the objective factors for scoring, contract status, and project milestones. Ten of the fifteen DSRIP Projects have been executed. The Gastroenterology and Integrated Behavioral Health for Diabetics projects are in progress. The Centering Pregnancy project is pending approval from the Centers for Medicare and Medicaid Services (CMS). CommUnityCare Pflugerville Health Center will expand its hours. This is CommUnityCare's third health center to expand its hours. The other two are North Central and Rosewood Zaragoza. Expanded hours will increase patient encounters by 1,000. The CCC staff convenes regular meetings with performing providers for each of the DSRIP Projects to ensure progress.

2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.

### Clerk's Notes:

This agenda item was not discussed.

3. Receive a presentation on the Marketplace Exchange.

### Clerk's Notes:

Kit Abney Spelce, Seton insure.a.kid and Community Insurance Programs Director, presented Seton Healthcare Family's marketplace insurance strategy. To maximize enrollment into the Health Insurance Marketplace, Seton focused on reducing the number of unfunded patients and partnered with Lone Star Circle of Care and CommuniCare Certified Application Counselors. This partnership was created to avoid duplicative efforts and maximize the use of federal grant dollars. Enrollment assistance was provided at multiple Seton Healthcare Family Hospitals such as University Medical Center Brackenridge (UMCB), Seton Northwest, Seton Williamson, Seton Medical Center Austin, and Seton Medical Center Hays. Data sharing helped maximize outreach and enrollment between Seton, the Integrated Care Collaboration (ICC), and the Federally Qualified Health Centers (FQHCs). These three organizations identified and followed up with patients who were unfunded, under the age of 65 with a social security number who

may or may not have established a primary care medical home. Seton's collaborative efforts resulted in the enrollment of 91 individuals in a Qualified Health Plan (QHP). However, Seton has identified some opportunities for improvement in outreach, screening, and enrollment, including predictive modeling methodology, outpatient and inpatient referral process, and incentive strategies for patients who enroll in coverage.

Claudia Lindenberg, Central Health Director of Eligibility Services, and Michelle Tijerina, Central Health Navigation Manager, presented Central Health's Affordable Care Act (ACA) Marketplace efforts. Central Health coordinated a systematic approach to help prevent confusion, avoid duplicative efforts, and maximize the use of existing community resources to enroll Central Texas residents health coverage offered through the Health Insurance Marketplace. To develop a strategic approach for outreach and enrollment to local residents, Central Health staff convened and hosted regular stakeholder meetings with local government entities, nonprofit organizations, FQHCs, Austin Community College, Enroll America staff, and community organizations. Stakeholders developed smaller, more manageable committees to focus on outreach and enrollment, communications, data and analytics, and small business. These committees didn't meet as often due to limited manpower, but Central Health intends to enhance committee engagement for the next open enrollment period. Central Health invested \$1.3 million to support local ACA efforts. Most of the funding was dedicated to outreach and education to promote the benefits and financial assistance available through the Health Insurance Marketplace. To provide culturally competent, community-based outreach and education services for the underserved area of Travis County, Central Health contracted with United Way for Greater Austin which also complimented services provided by Enroll America. United Way for Greater Austin was identified as the most efficient resources for local information and referrals because they manage 2-1-1 and serve 10 counties in the Central Texas Region. In December 2013, Central Health launched a Public Information and Awareness Campaign called 2-1-1 Health Connect. This project included a communications plan and media mix of broadcast, print, digital and social; and was intended to build awareness of the health insurance opportunities available in Travis County as well as promote enrollment using 2-1-1 as the initial point of contact. The media outreach proved successful as radio advertisements reached more than 1 million listeners each month both in English and Spanish and vignettes and interview segments reached 1.6 million viewers monthly. While Central Health was successful in outreach and education, there were some challenges faced during enrollment. The Healthcare.gov system would fail to function properly during high traffic times and there was inaccurate Advanced Premium Tax Credits and Cost Sharing subsidies. In addition, consumers lacked insurance and computer literacy. Some consumers didn't understand the costs associated with insurance such as low monthly premiums versus high out of pocket costs or how the amount of premium will affect their deductible. There were also a significant number of consumers who needed an email account but couldn't remember their username and passwords. The Marketplace Call Center often experienced inaccurate and inconsistent information, long hold times, poor customer service, and calls transferred to numerous representatives and supervisors only to be disconnected or asked to call back. Central Health is using these challenges to enhance the next enrollment period. Accurate enrollment outcomes required knowledge of health and dental insurance, taxes, immigration, and public programs. Real-time communication amongst local Certified Application Counselors (CACs) was the most helpful when addressing immediate needs. Maximizing resources by planning outreach events around facilities that provide application assistance may also be beneficial the next time around. For the next enrollment period, Central Health will develop and standardize CAC training materials and tools, develop a triage form to assist CACs in determining if an employer offers affordable health coverage, develop a local provider database with details on which providers accept Marketplace health plans, and enhance consumer education material.

No action was taken.

4. Receive a presentation on the Austin Travis County Integral Care (ATCIC) Overview of Services Report.

Clerk's Notes:

Dr. Mark Hernandez, CCC Chief Medical Officer, and Beth Peck, CCC Special Projects Manager, presented an overview of the Austin Travis County Integral Care (ATCIC) Report. The purpose of this report was to create a comprehensive inventory of behavioral health services and establish a baseline for planning and outcome analysis for the integrated delivery system (IDS). The report identifies ways in which ATCIC can most effectively participate in the CCC either as a contracted provider, CCC affiliate partner, or a full risk-sharing partner. Dr. Hernandez explained the project process and clarified ATCIC's role within the CCC. ATCIC is not a full partner of the CCC or a CCC contracted provider. Their services are not included as a covered benefit in the CCC Medical Access Program (MAP). As the key provider of consumer-needed services, CCC patients are eligible for and use ATCIC services. Dr. Hernandez explained that the CCC reviewed potential roles for ATCIC and identified strengths for alignment as well as the challenges that impeded alignment. Some of the benefits of working with ATCIC include their long standing and mandated role in behavioral health, their ability to provide contracts for the provision of services across the continuum of care, and their established relationships with numerous community entities. On the other hand, much of ATCIC's budget is restricted for specific purposes and programs, many CCC service providers have a limited understanding of ATCIC's role and responsibilities, and they need to establish a more prominent and collaborative role as a clinical leader in behavioral health care. Dr. Hernandez proposed that if the CCC and ATCIC align, then the following action items would need to take place: a series of conversations regarding strategic alignment, work to ensure that ATCIC is connected with other entities in the CCC in a meaningful way, and commitment to building a strong clinical leadership role in the area of behavioral health service delivery.

Ms. Peck provided a detailed analysis of ATCIC's Fiscal Year 2014 Budget, funding sources, and program services. For the purpose of the report, the CCC focused on Adult Mental Health, Crisis Services, and Child and Family as these categories encompass the CCC's target population. ATCIC provides 24-hour emergency screening and crisis stabilization, crisis residential services, community-based assessments, and family support services, including respite care, case management, medication-relation services, psycho-social rehabilitation programs (e.g. social support, independent living skills, vocational training). ATCIC's mandated populations include children ages 3-17 who have a mental health diagnosis and exhibit serious emotional, behavioral or mental disorders and have a serious functional impairment; or at risk of disruption of a preferred living environment; or are enrolled in a school's special education program; and adults who have a severe and persistent mental illness which requires crisis resolution or on-going treatment. Ms. Peck reviewed ATCIC's Behavioral Health Service Continuum. There are four strategies by which care is provided – strategy one is to promote behavioral wellness and support recovery, strategy two is early intervention with effective treatment and supports, strategy three is intensive intervention for patients with complex needs, and strategy four is response to crisis stabilization. ATCIC provides services in five categories which align with the CCC. They are prevention and wellness, adult behavioral health, psychiatric crisis services, child and family services, and intellectual and developmental disability services. Most of these areas include the CCC's target population and DSRIP Projects. The implementation of a cultural competency program is also underway. Ms. Peck clarified the process for patients to access care, programs for the general and special populations, and service enhancers and extenders.

David Evans provided his feedback on the project. He reported on the progress the ATCIC has made since receiving the results of the CCC's report.

No action was taken.

5. Receive a presentation on CCC Financial Statements as of April 30, 2014.

Clerk's Notes:

Jeff Knodel provided an update on the interim financial statements, including the balance sheet, sources and uses report – budget versus actual and the healthcare delivery report and costs for October 1, 2013 through April 30, 2014. He also explained the budget expenditure comparison for Fiscal Year April 2013 through April 2014. The Fiscal Year 2014 Budget includes more than \$900,000 in service expansion funds from Central Health for specialty care, specifically vision services, and behavioral health services at SIMS Foundation. Both of these requests were approved by the CCC Advisory Committee, CCC Board of Directors, Central Health Budget and Finance and Central Health Board of Managers.

No action was taken.

6. Receive and discuss a report on clinical protocols and associated clinical metrics.

Clerk's Notes:

Dr. Hernandez presented the CCC Clinical Protocols for Hypertension, Heart Failure, Diabetes and Depression. The protocols provide evidence-based care recommendations in the screening and treatment of patients with Hypertension; State A, B, or C Heart Failure; Type 2 Diabetes Mellitus; and Depression and/or Generalized Anxiety Disorder in a primary care setting. These protocols derived from clinical guidelines for individuals 18 years of age or older in the CCC population and align with the CCC's DSRIP Projects. The depression protocol is for patients in the CCC population 18 years of age or older who have not been previously diagnosed with depression and general anxiety disorder. Patients who have been diagnosed will be referred to the appropriate advanced specialized care for treatment. These protocols were created for providers in a primary care setting and their intended use is a standard for treatment of care with applicable best practices and an appropriate referral process. Each protocol contains outcome metrics which were developed to measure success and improve patient experience. The Heart Failure Protocol will serve those patients in the CCC population deemed "at-risk" due to a co-morbid disease or as identified by the risk tool designed by the CCC Clinical Protocols Committee. The respective protocols do not address the clinical management of patients with Pre-Hypertension or Malignant Hypertension; Refractory Heart Failure (Stage 4) as these patients will be referred to specialty care or other care as needed; and patients with Pre-Diabetes, Type I Diabetes, Gestational Diabetes, or Pediatric patients. The CCC will develop workgroups, clinical protocols and associated metrics for asthma and chronic obstructive pulmonary disease (COPD) which align with the requirements for the Chronic Care DSRIP Project.

No action was taken.

7. Receive a report on the current number of Unique MAP Enrollees.

Clerk's Notes:

Dr. Hernandez reported the current number of unique MAP enrollees for April 2014 which was 24,726. While this number is comparable to trends from last year, it also represents a three percent change from last year.

No action was taken.

#### **IV. Closed Session**

Clerk's Notes:

No closed session discussion.

V. **Closing**

Clerk's Notes:

There being no further discussion or agenda items, Director Knodel moved that the meeting adjourn. Director Lopez seconded the motion.

Director Patricia A. Young Brown (Chair)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Jeff Knodel	For
Director Sarah Cook (Proxy)	For
Director Willie Lopez (Proxy)	For

The meeting was adjourned at 3:47 p.m.



Patricia A. Young Brown, Chairperson  
Community Care Collaborative Board of Directors

ATTESTED TO BY:



Margo Gonzalez, Secretary to the Board  
Community Care Collaborative