



Community Action Network
Community Council Meeting
Equity in Opportunity Forum on Health
Focus on Treatment and Access to Care Issues

Monday August 20, 2007

Patricia Young Brown, President and CEO



**In 2000 a vision for health was
developed**

**COMMUNITY HEALTH PLAN
FOR TRAVIS COUNTY**

HEALTH PARTNERSHIP 2000





COMMUNITY HEALTH PLAN

- Based on community health assessment from Health Partnership 2000
- Developed by health planning body authorized by Health Partnership 2000
- Broad health provider and advocate participation.

COMMUNITY HEALTH PLAN

Two uses of plan:

- As “health” section of community plan of Community Action Network
- Strategy and implementation guide for Health Partnership 2000

VISION STATEMENT

Travis County will be a community where residents, as individuals and groups, provide leadership and take responsibility, in a creative and collaborative way, for the health and well-being of themselves and each other.

FOUR STRATEGY AREAS

- Community
- Education
- Health System Capacity & Structure
- Monitoring & Evaluation

HEALTH SYSTEM STRATEGY

(Prevention and Intervention): Realign and/or redesign the health system and structures using a continuum of care model to enhance system capacity and health outcomes and ensure responsiveness to the clients it serves.

Continuum of Care:

Develop collaborations between providers that focus on (1) patient outcomes (versus competition for funding) (2) negotiated roles and responsibilities between the city and county and health/human service professionals and organizations, and (3) increased awareness and appropriate utilization of community resources.

Access to Care:

Improve access to health services by decreasing barriers of affordability, cultural sensitivity, transportation and hours of operation.



Community Health Care Recommendations from the Austin Equity Commission Report

1. Establish a Community Wellness and Prevention Consortium.
2. Adopt the Neighborhood-Based Education and Screening Model.
3. Improve residents access to health care.
4. Deliver mental health services more effectively.

What's Happened Since 2000?

- In terms of –
- Systems of Care (HP 2000)
- Access to Care (HP 2000 and Equity Report)
- Mental Health Services (Equity Report)

Travis County Healthcare District Created in May 2004



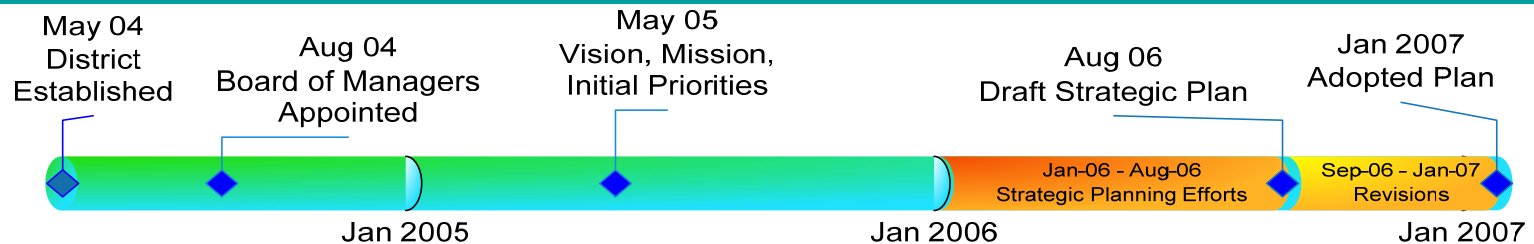
Background

- Approved by Travis County voters in May 2004
- Purpose is to provide health care services to medically indigent residents of Travis County
- Nine member volunteer Board of Managers appointed by Austin City Council and Travis County Commissioners
- Inaugural budget adopted by Board and approved by Travis County Commissioners September 2004
- In third fiscal year of operation

Role of the Healthcare District

- Responsible for indigent care in Travis County
- United a previously bifurcated system
- Uses local taxes and other revenue sources to ensure the provision of healthcare services
- Establish a long term vision for an improved system of health care delivery
- Create efficiencies in the delivery system
- Develop innovative ways to cover the uninsured

District Strategic Planning Efforts



Vision

Central Texas is a Model Healthy Community

Mission

Promote the health and wellness of the residents of our community, especially the uninsured and underinsured, by working together to ensure access to a full range of coordinated healthcare services.

Initial Priorities (paraphrased)

1. Decrease inappropriate ER use and increase trauma center capacity
2. Increase appropriate mental health services
3. Expand specialty and primary care availability
4. Improve efficiency and integration of system
5. Develop regional collaboration to address regional healthcare needs

Strategic Plan Goal Areas

- Primary Care
- Specialty Care
- Efficiency and Integration of the Service Delivery Model
- Mental Health Care
- Medical Assistance Program
- Regional Healthcare



The District's Approach

- Reduce the demand for healthcare services by working with community partners to improve health and prevent disease
- Working with community partners, better integrate the healthcare delivery system to operate more efficiently and cost effectively to stretch our limited dollars as far as they can go
- Decrease the number of uninsured by expanding coverage options



District Strategic Plan Guiding Principles

- Use the mission of **enhancing the health status of all Travis County residents** as a guide.
- Promote an **integrated healthcare system that is transparent** to consumers, providers, and taxpayers in its delivery of services.
- **Improve access to quality healthcare services** in a more transparent and easily accessed system.
- **Drive improvement by tying payments for healthcare services**, including those delivered by Healthcare District-owned and/or-operated entities, **to measurable performance**.
- Advance the **integration of the Travis County indigent care system**.
- **Participate with other entities** in the search for **regional solutions** to the challenge of making **quality, affordable healthcare** available to residents of Central Texas.

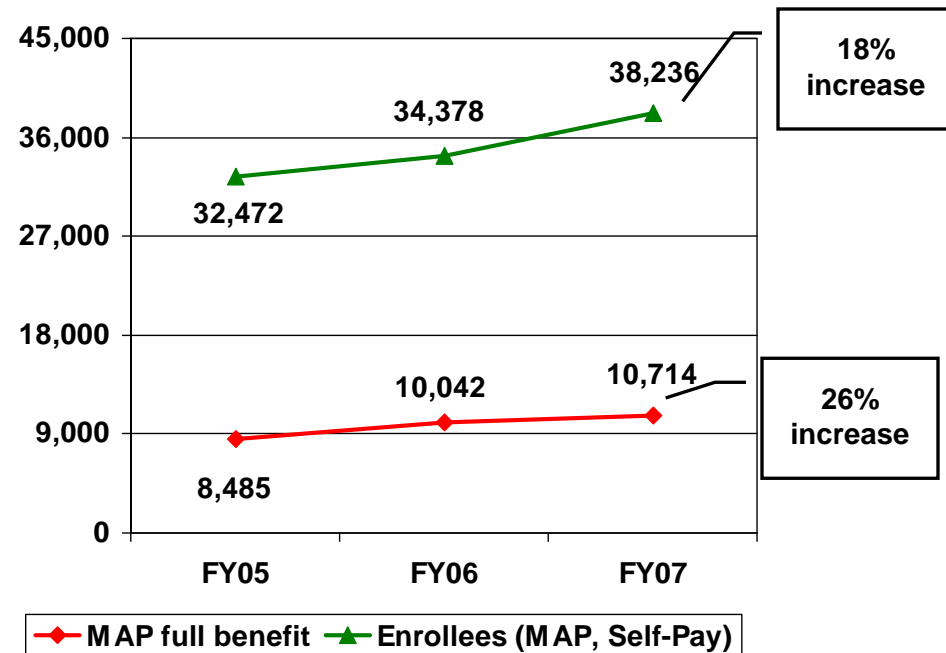


District Progress Towards Strategic Goals to Increase Access to Care...A Few Examples

District Healthcare Programs:

Increased funding for District healthcare programs from FY05 to FY07 has expanded access to care for eligible populations:

- **18% increase** in total average monthly enrollment of MAP and Self-Pay patients)
- **26% increase** in average monthly MAP full benefit enrollment (sub-set of total MAP enrollees)

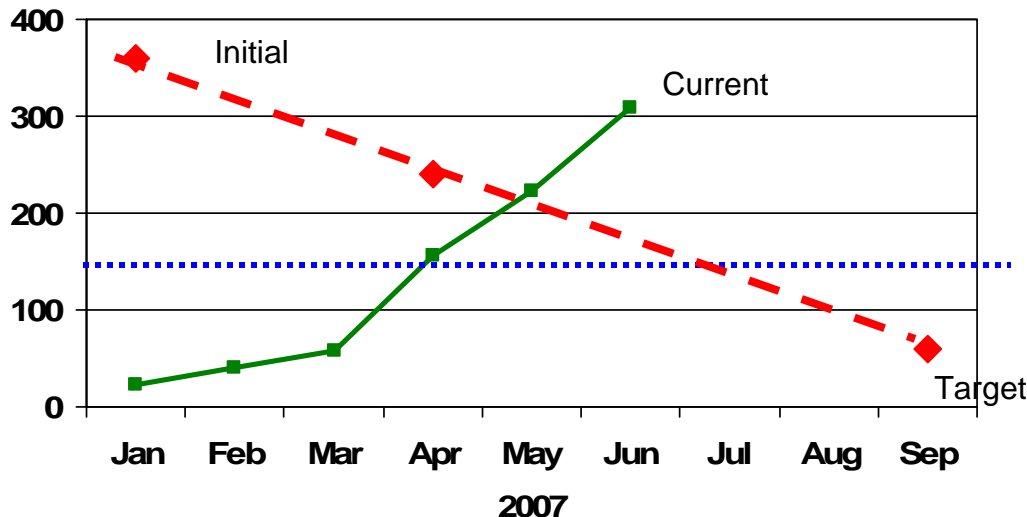


District Progress Towards Strategic Goals to Increase Access to Care...A Few Examples

Specialty Care Pilot Program (Diabetic Eye Screenings)

Goal: Reduce average wait times from 360 days to target of 30-45 days.

Solution: Contract with 3 providers (144 appointments a month at \$50/screen).



Program Capacity: 144 appointments per month

◆ Wait Times (Days)

■ Patients Seen (Cumulative)

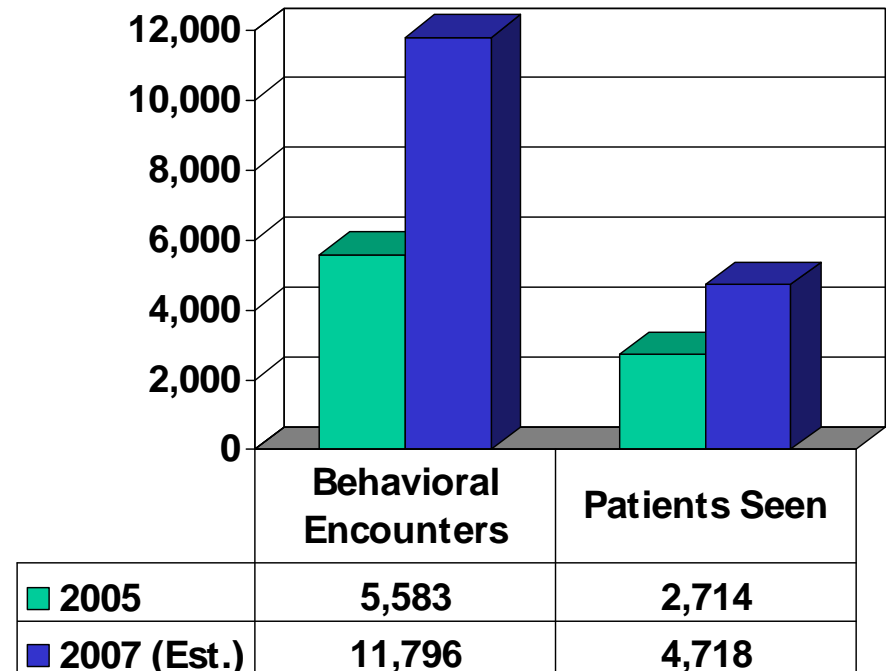


District Progress Towards Strategic Goals to Increase Access to Care...A Few Examples

Mental Health Initiatives

Since inception, the District's \$4.4M investment in mental health services has resulted in:

- **Doubling the number of behavioral health encounters and unduplicated patients seen since FY2005 by increasing behavioral health staff (E-Merge).**

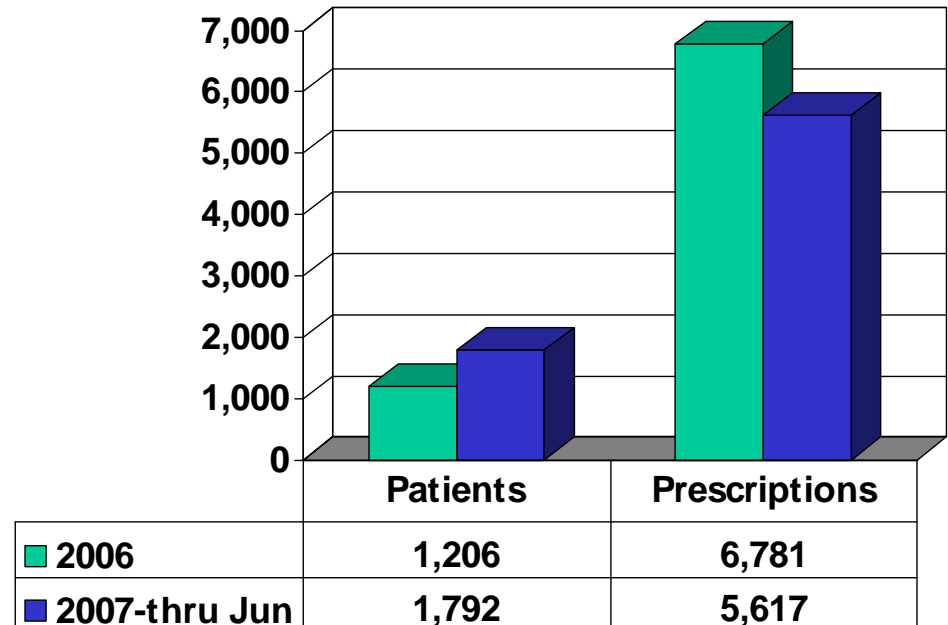


District Progress Towards Strategic Goals to Increase Access to Care...A Few Examples

Mental Health Initiatives

Since inception, the District's \$4.4M investment in mental health services has resulted in:

- **Providing discounted prescriptions** for patients jointly treated by the CHCs and MHMR.
- The local Mental Health Authority indicated a **savings of ~ \$512,000** in its FY06 medication costs.

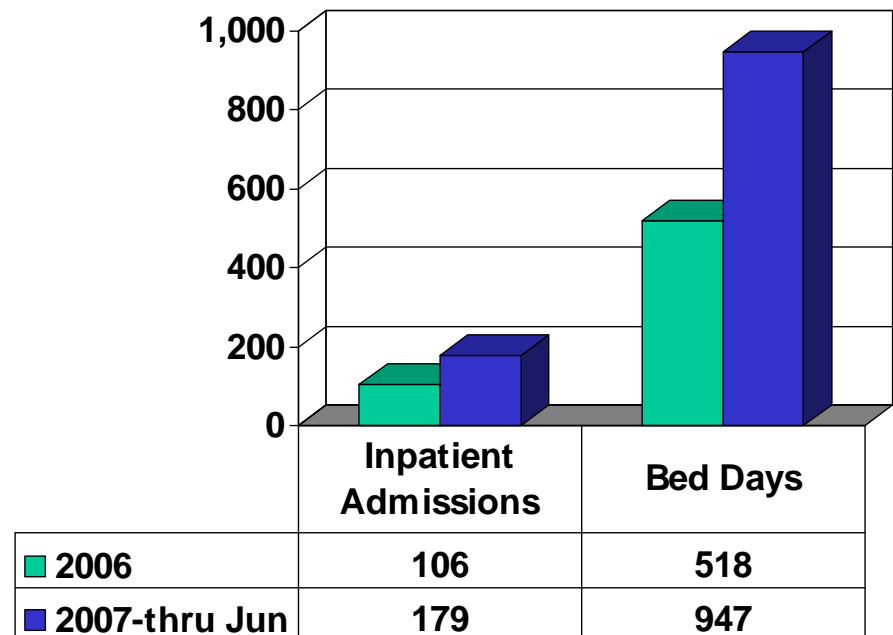


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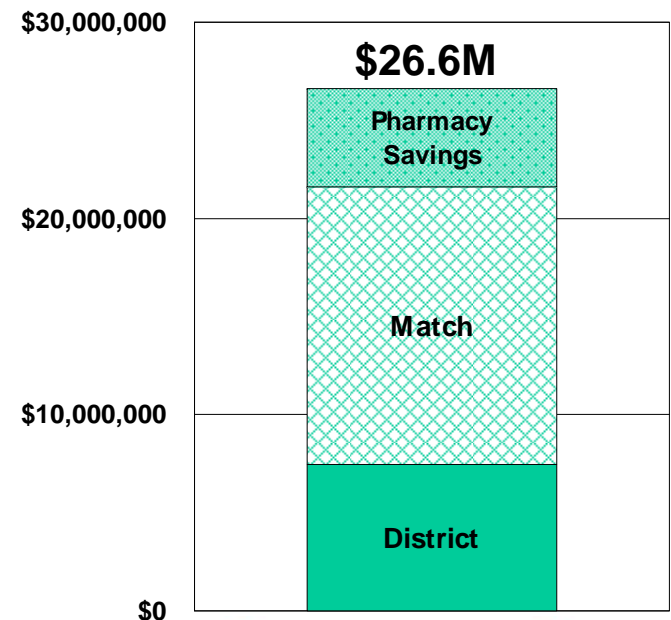
- **Increased access to inpatient mental health services** resulting from a funding commitment that will double inpatient bed capacity from 4 to 8.



District Progress Towards Strategic Goals to Increase Access to Care...A Few Examples

The District used its role as a community steward to leverage district investments of **\$7.4M** with collaborative investments of **\$19.2M** for a total value of **\$26.6M** to expand service capacity.

- **Shiver's Cancer Center Expansion:** \$271,788 funding leveraged \$532,531 funding from Seton and the Shivers Foundation
- **Medical ICU and ER Trauma Center Expansion:** A \$1.6M and \$1M District investment in Medical ICU and ER Trauma Center expansion, respectively, leveraged a \$8.95M Seton investment
- **Pharmaceutical Assistance Program Expansion:** A \$102K investment has leveraged \$500K in ICC partner investments which has created access to over \$5M in free pharmaceuticals
- **Mental Health Initiatives:** A \$4.4M District investment has leveraged more than \$4.2M in community investments from partners such as: ATCMHMR, Seton, St. David's, Travis County and the City of Austin

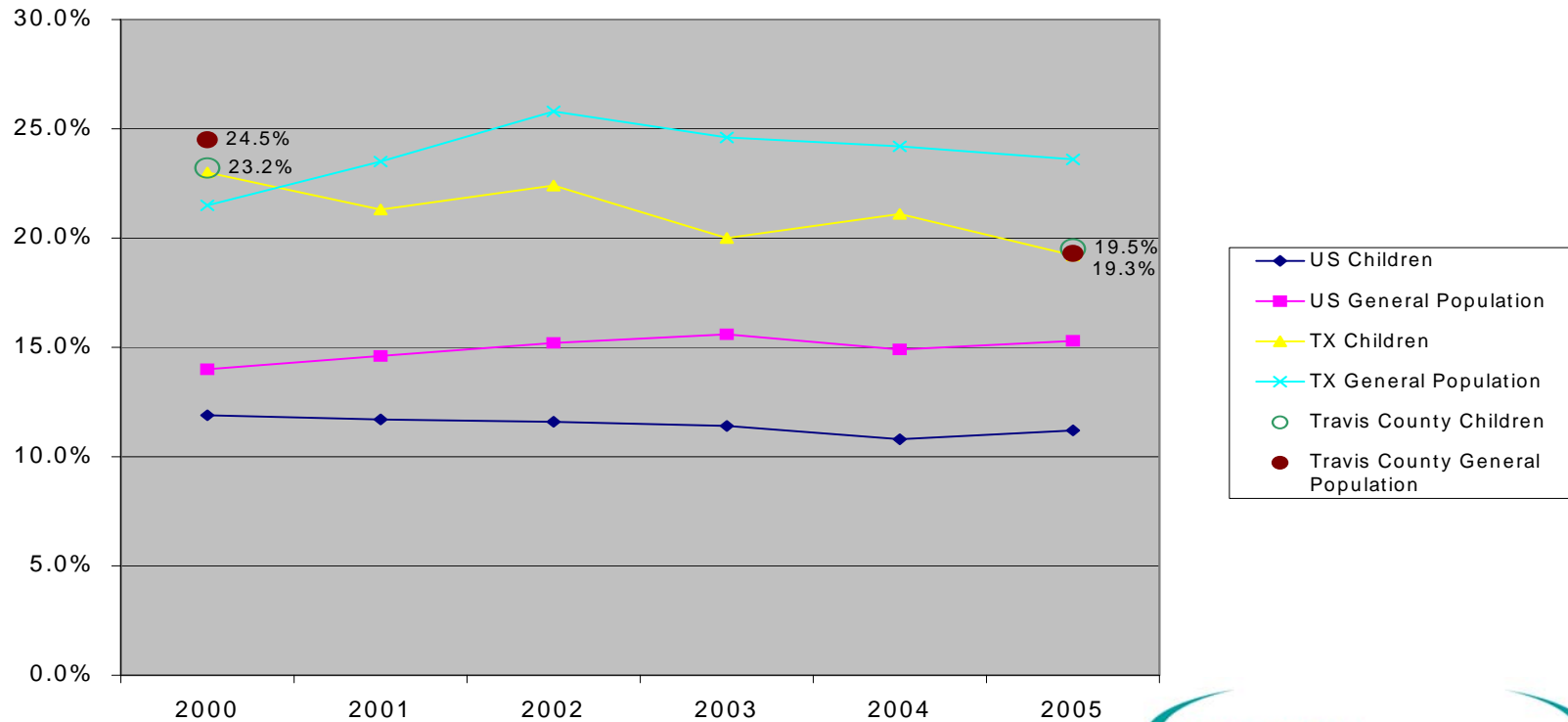


What Still Needs to Be Done?



Access to Health Care -- Insurance

Percent Uninsured in U.S., Texas, and Travis County 2000-2005
General Population and Children



Who are the Uninsured in Texas?

Texans with Jobs

- 74% hold Full-Time jobs
- 10% are Part Time workers
- 16% are non-workers

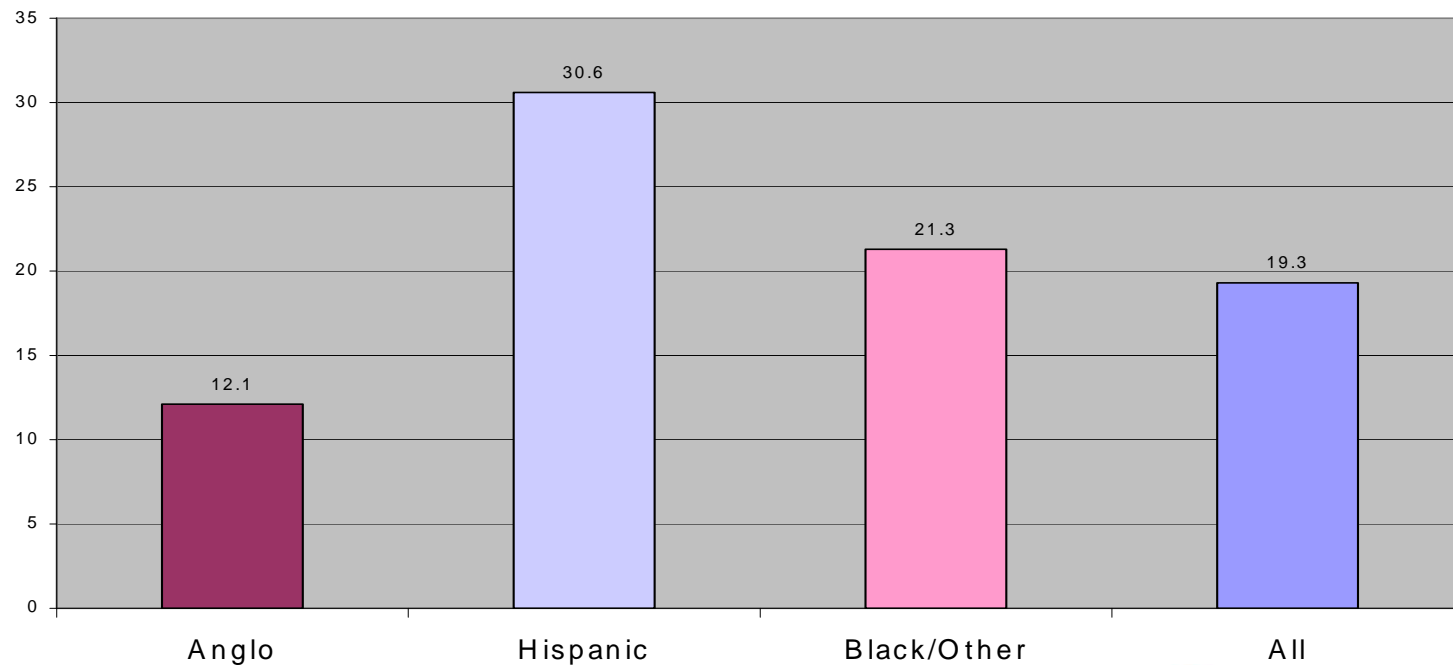
Source: The Kaiser Family Foundation, 2003





Access to Health Care -- Insurance

Travis County 2005 Uninsured Rate by Race/Ethnicity



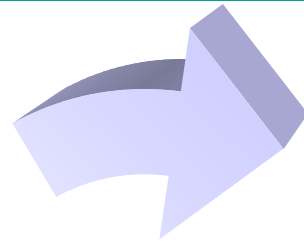


What is the Impact of Lack of Insurance?

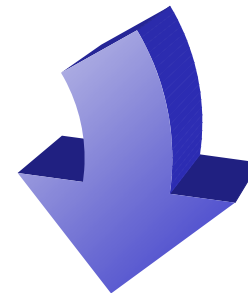
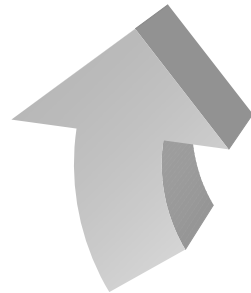
- **Lack of Care**
 - Less preventative care
 - Diagnoses at more advanced disease stages
- **Overuse of the Emergency Room**
 - 1,600 minor emergency/primary care visits to Brackenridge Hospital each month (total average monthly ER visits 6,100)

The cost of doing nothing is – *the Healthcare Death Spiral*

Therefore those who have insurance are increasingly losing their insurance



Cost of providing healthcare to uninsured is borne by those who have insurance



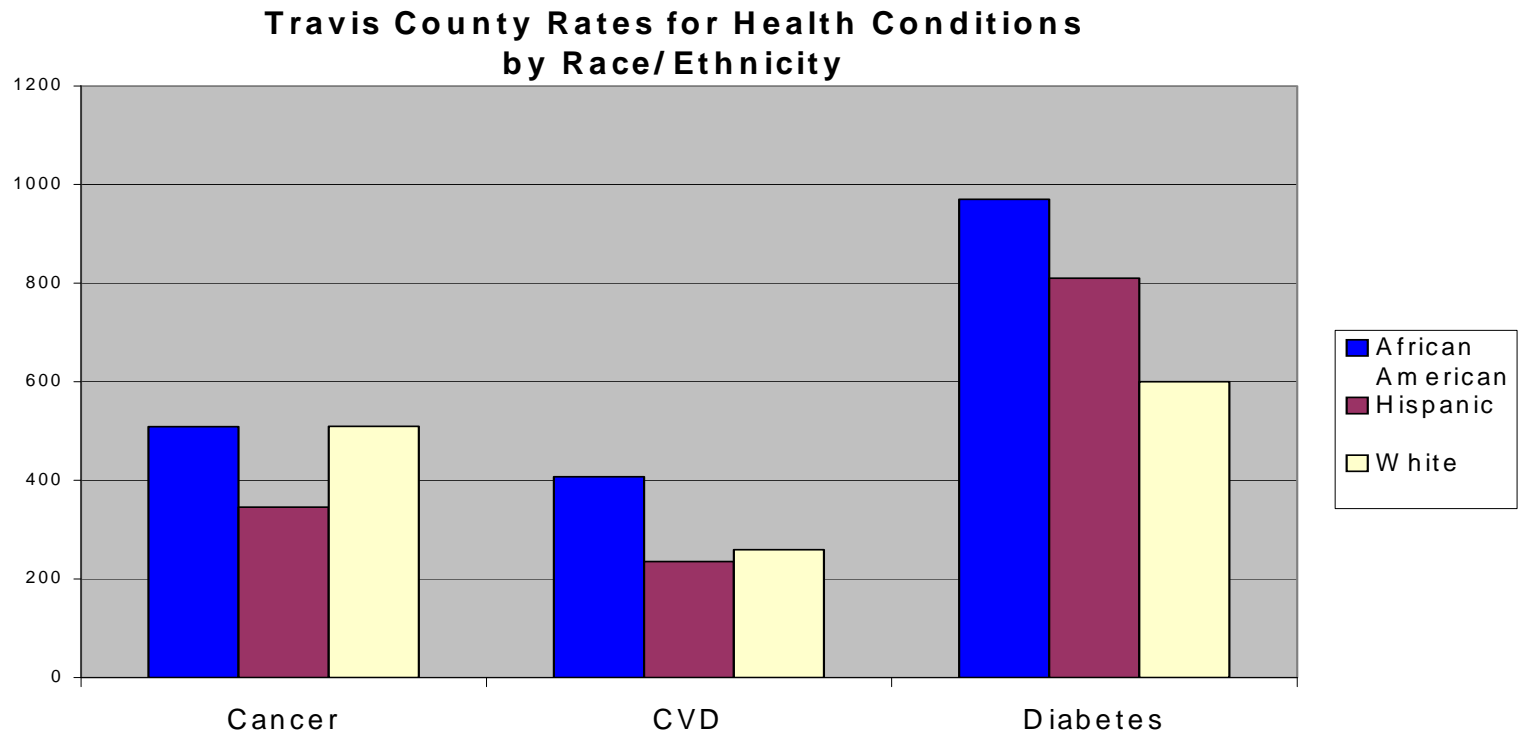
Rising healthcare costs contribute to higher insurance premiums

Fewer individuals and companies are able to afford insurance



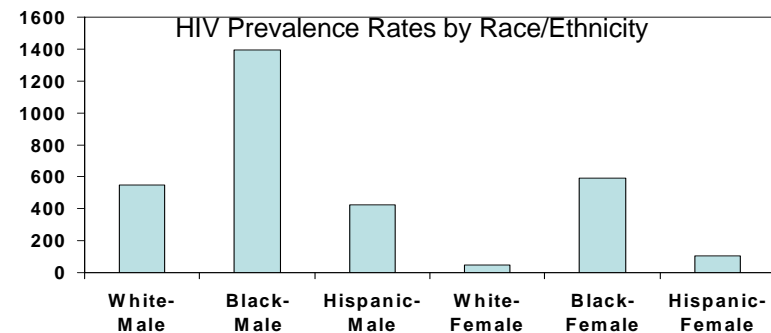
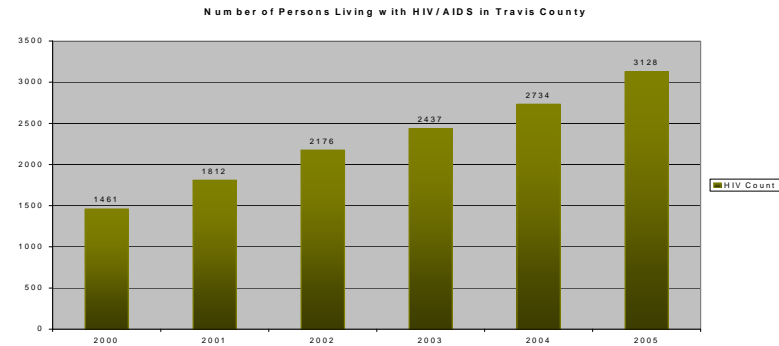


Health Conditions - Disparities



Health Conditions -- Disparities

- Persons in care for HIV/AIDS
- Over 88% are at or below 200% FPL
- Majority in HIV social services are persons of color
- Histories of substance abuse and mental health challenges
- Histories of disenfranchisement and inconsistent access to care or services





Access to Health Care – Primary Care

- Texas currently ranks 45th in the nation in the number of physicians per population.
- Only 18% of physicians in Austin accept all new Medicaid beneficiaries.
- In the ICC's 2005 Use & Capacity Survey, agencies reported that the greatest challenges to maintaining or expanding capacity were referrals to specialty care, provider recruitment, and insufficient funding.

Service Levels Gaps

- There are many areas of unmet need:
- Lack of same day (urgent care/walk-in) access to primary care in the District supported Community Health Centers – system-wide **average wait time is 16 days** (varies by location)
- Safety-net providers report being over-capacity and unable to meet demand
- Long wait times for specialties such as:
 - Gastroenterology (general GI, such as Hepatitis C): **15 months**
 - Gastroenterology (Liver issues): **9 months**
 - Ophthalmology (DM Retina screenings, glaucoma, cataracts, and other ailments): **6 months**
 - Orthopedics (Osteoarthritis, joint pains, meniscus/tendon tears and other ailments): **4 months**
- Continued over-utilization of Austin State Hospital despite increased access to inpatient psychiatric beds: (> 50% over utilization of the Travis County allocation for the first 5 months of FY07)



To learn more visit our website at:

<http://www.traviscountyhd.org>

