

Texas Healthcare Transformation and Quality Improvement Program

REGIONAL HEALTHCARE PARTNERSHIP (RHP) PLAN

Sections I, II and III

October 31, 2012

RHP 5/South Texas

RHP Lead Contact:

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Section I. RHP Organization

RHP Participant Type	Texas Provider Identifier (TPI)	Texas Identification Number (TIN)	Ownership Type (state owned, non-state public, private)	Organization Name	Lead Representative	Lead Representative Contact Information (address, email, phone number)
Anchoring Entity (specify type of Anchor, e.g. public hospital, governmental entity)						
County governmental entity		1746000717 000	Non-state, public	Hidalgo County	Eddie Olivarez	1304 South 25th Avenue Edinburg, Texas 78542 eddie.olivarez@hchd.org 956-383-8858
IGT Entities (specify type of government entity, e.g. county, hospital district)						
CMHA (Community Mental Health Center)	1219891-02	1742944931 1000	Non-state, public	Border Region Behavioral Health	Daniel G. Castillon	1500 Pappas Street Laredo, Texas 78041 danielc@borderregion.org 956-794-3003
Hospital District		1746000604 6000	Non-state, public	Nueces County Hospital District	Jonny Hipp	555 N. Carancahua, Suite 950 Corpus Christi, Texas 78401-0835 jonny.hipp@nchdcc.org (361) 808-3300
Hospital District	136332705	1741794256 6	Non-state,	Starr County	Rafael	P O Box 78

RHP Participant Type	Texas Provider Identifier (TPI)	Texas Identification Number (TIN)	Ownership Type (state owned, non-state public, private)	Organization Name	Lead Representative	Lead Representative Contact Information (address, email, phone number)
		501	public	Hospital District, DBA Starr County Memorial Hospital	Olivares	Rio Grande City, Texas 78582 rol78582@yahoo.com (956) 487-9025
CMHA (Community Mental Health Center)	138708601	1741565510 3 006	Non-state, public	Tropical Texas Behavioral Health	Jim Banks	1901 S 24th Avenue Edinburg, Texas 78540 jbanks@ttbh.org 956-289-7292
UT Health Science Center	085144601	1741586031 5 000	State-owned	UT Health Science Center - San Antonio	Dr. Joseph B McCormick	2102 Treasure Hills Blvd Harlingen Texas, 78550 McCormickj@uthscsa.edu 956-365-8823
Performing Providers (specify type of provider, e.g. public or private hospital, children's hospital, CMHC, that will receive DSRIP payments under the RHP plan, some of which may also receive UC)						
CMHC	121989102	1742944931 1 000	Non-state public	Border Region Behavioral Health Center	Daniel G. Castillon	1500 Pappas Street Laredo, Texas 78041 danielc@borderregion.org 956-794-3003
Private Hospital	160709501	1742802643 3 000	Private	Doctors Hospital at Renaissance	Israel Rocha	P O Box 3293 McAllen, Texas 78502 i.rocha@dhr-rgv.com 956-362-3088

RHP Participant Type	Texas Provider Identifier (TPI)	Texas Identification Number (TIN)	Ownership Type (state owned, non-state public, private)	Organization Name	Lead Representative	Lead Representative Contact Information (address, email, phone number)
Children's Hospital	132812205	17425777467000	Private	Driscoll Children's Hospital	Shane Casady	3533 Alameda St Corpus Christi, Texas 78411 shane.casady@dchstx.org 361-694-6523
County Hospital	136332705	17417942566501	Non-state, public	Starr County Memorial Hospital	Rafael Olivares	P O Box 78 Rio Grande City, Texas 78582 rol78582@yahoo.com 956-487-5561
CMHC	138708601	17415655103006	Non-state public	Tropical Texas Behavioral Health	Jim Banks	1901 S 24th Avenue Edinburg, Texas 78540 jbanks@ttbh.org 956-289-7292
UT Health Science Center	085144601	17415860315000	State-owned	UT Health Science Center San Antonio	Dr. Joseph B McCormick	2102 Treasure Hills Blvd Harlingen Texas, 78550 McCormickj@uthscsa.edu 956-882-5152
UC - only Hospitals (list hospitals that will only be participating in UC)						
Private Hospital	135035706	74-1393060	Private	Knapp Medical Center	Dinah L. Gonzalez, CFO	P O Box 1110 Weslaco, Texas 78596 dinah.gonzalez@knappmed.org 956-969-5112
Private Hospital	112716902	62-1656022	Private	Columbia Rio Grande Healthcare LP DBA: Rio Grande Regional Hospital	Charles Mallon, CFO	101 East Ridge Road McAllen, Texas 78503 charles.mallon@hcahealthcare.com 956-632-6101
Private Hospital	094113001	23-3069260	Private	McAllen Hospitals LP DBA: South Texas Health Systems	Lorenzo Olivarez Jr. CFO	1400 W Trenton Road Edinburg, Texas 78539 lorenzoolivarezjr@uhsrgv.com 956-388-2126
Private Hospital	020947001	10-4326770	Private	Valley Regional Medical Center	Susan Andrews	100 E. Alton Gloor Blvd Brownsville, Texas 78526 susan.andrews@hcahealthcare.com

RHP Participant Type	Texas Provider Identifier (TPI)	Texas Identification Number (TIN)	Ownership Type (state owned, non-state public, private)	Organization Name	Lead Representative	Lead Representative Contact Information (address, email, phone number)
Private Hospital	1184911877	45-2663071	Private	Valley Baptist Medical Center-Brownsville Hospital Co. LLC	Leslie Bingham	956-350-7106 1040 W Jefferson Harlingen, Texas 78520 leslie.bingham@valleybaptist.net 956-698-5421
Private Hospital	1154618742	45-26692980	Private	Valley Baptist Medical Center Harlingen Hospital Co. LLC	Bill Adam, Sr. VP, CEO	2121 Pease Street Harlingen, Texas 78550 bill.adams@valleybaptist.net 956-389-1674
Other Stakeholders (specify type)						
County Medical Associations/Societies				Cameron-Willacy Medical Society	Javier Vazquez, Executive Director	2224 77 Sunshine Strip Suite 96, PMB 117 Harlingen, Texas 78550 jmnc28@gmail.com (956) 421-5980
Regional Public Health Directors				Harlingen Medical Center	Tod Mann, CEO	5501 S Expressway 77 Harlingen, Texas 78550 tmann@primehealthcare.com
Other significant safety net providers within the region (specify type)						
Others (specify type, e.g. advocacy groups, associations)						

Section II. Executive Overview of RHP Plan

Overview of Regional HealthCare Partnership 5/South Texas

The South Texas counties of Regional Healthcare Partnership (RHP) 5 are Cameron, Hidalgo, Starr and Willacy. This rapidly growing population of the Lower Rio Grande Valley, home to 1.26 million residents, is relatively young, predominately Hispanic and is characterized by high poverty rates and high rates of adults without a high school education.

Among the counties of the Lower Rio Grande Valley, Hidalgo and Cameron are designated as urban counties, possessing 64% and 34% of the area's population, respectively; and with only 2% of the area's population, Willacy carries a rural county designation. The municipalities of the Lower Rio Grande Valley are very diverse, including some urban, but many very rural communities and numerous "colonias." Colonias are the unincorporated subdivisions found along the U.S.-Mexico border comprised of small housing lots with little or no infrastructure occupied by individuals and families with very low incomes. These "neighborhoods" pose a potentially serious threat to public health and quality of life due primarily to their lack of appropriate infrastructure for wastewater and safe drinking water. The Lower Rio Grande Valley of South Texas has the highest concentration of colonias in Texas.

The economy of the region is heavily dependent on the health care and education sectors and local government for employment. There are 13 for-profit hospitals and two non-profit hospitals, but no major public safety net hospital, along with three Federally Qualified Health Clinics with multiple locations among them and two community mental health centers, along with local county health departments that form the health care safety net for the region. Approximately 1400 physicians provide direct care and 728 are primary care providers.

Key Health Challenges Facing RHP 5

The key health challenges of South Texas are rooted in extreme levels of economic and health disparities.

Diabetes and Overweight/Obesity

This environment contributes to the unprecedented epidemics of chronic disease—particularly diabetes and related chronic conditions—fueled by high levels of adult and childhood obesity. Federal surveys of the region find that 14.3% of adults have diabetes, compared to 9.7% for the state, and more than 70% are overweight or obese. Diabetes is the third leading cause of mortality in the region, behind heart disease and cancer, for which diabetes is also often implicated as a contributing factor.

In fact, diabetes and obesity are at the root of many of the chronic conditions dominating RHP 5. Diabetes is an underlying component of well over half of admissions for heart attack, hypertension, sepsis and stroke, based on a 2011 analysis of admissions at six hospitals in RHP 5. This analysis also found that diabetes contributes to more than 16,000 extra bed days per year at an additional cost of between \$49 and \$83 million annually, underlining the need for enhanced services to help prevent and better managed the care for people with chronic conditions.

High rates of diabetes are also behind RHP 5 having the highest rates of tuberculosis in the country, which also requires strong systems of surveillance and care management.

Other Chronic Diseases

The region also has one of the highest renal dialysis rates in Texas and one of the highest rates of chronic liver disease (non-alcohol fatty liver disease) as well.

Results from ongoing research of 2000 Mexican American participants in the Cameron County Hispanic Cohort (CCHC), conducted by the University of Texas School of Public Health in Brownsville, and which involved testing participants for various diseases found both very high rates of disease and low rates of engagement with the health care system for treatment. Researchers estimated that 273,831 Mexican Americans in the RHP 5 have diabetes, for which 56% are not being treated; 292,271 have hypertension for which 50% are not being treated; and 441,634 have elevated cholesterol levels for which 85% are not receiving treatment.

Mental Health and Substance Abuse

Compared to national statistics, self-reported rates of fair or poor mental health in RHP 5 are much higher (20% v. 12%), as are rates of chronic depression (40% v. 27%). At the same time, the entire region is a health professional shortage area for mental health professions, in a state that has the lowest per capita spending on mental health services in the country.

Access Barriers to Care

A lack of access to and utilization of needed health care services—across the region—is exacerbated by low levels of health insurance. Even in a state with the highest uninsured rate in the country, uninsured rates are even higher in RHP 5, topping 80% among non-elderly Mexican American adults in the CCHC. Additionally, the region faces a shortage of primary care and dental professionals to serve a growing population, with only half to three-quarters of the physician-to-population ratios of Texas for primary care specialists (e.g., family practice, general practice, OB/GYN).

These barriers to needed health and behavioral health services limit the capacity of the current delivery system to identify individuals with or at risk for chronic conditions and get them into appropriate programs to help prevent, diagnosis and manage their health conditions.

Patient-Centered Care

Beyond the barriers to getting into care, residents who participated in focus groups for a recent community health needs assessment identified health education as a high priority for their communities because of a high degree of low health literacy. Helping patients understand their health conditions, treatment options and plans and how to navigate the health care system through transitions of care and with multiple chronic conditions are critical to improving patient outcomes. Residents of RHP 5 are essentially asking for patient-centered care.

RHP 5's Vision for Healthcare Delivery System Transformation

The RHP 5 partners comprise a wide assortment of public and private institutions coming together to

address the region's heavy burden of chronic disease and health disparities and its demonstrated need for enhanced access to primary and behavioral health care services. The overarching vision for the region includes the following goals:

- Leverage and improve on existing programs and infrastructure to ensure that the health care delivery system will be adequately developed to meet the primary and specialty care needs of residents throughout a rapidly growing, yet historically underserved region.
- Increase access to primary and specialty care services in the short-term, with a focus on individuals with chronic conditions, to ensure they have access to the most appropriate care for their condition, regardless of where they live or their ability to pay.
- Nurture a culture of ongoing quality improvement and innovation that maximizes the use of technology and best-practices to improve access and timely utilization of appropriate care, including behavioral health services, particularly in our rural communities.
- Transform health care delivery to a patient-centered, coordinated and integrated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary emergency department use and duplicative services, and expands on the accomplishments of our existing health care system.

RHP 5 DSRIP Projects to Support Delivery System Transformation

In response to community input from providers, local researchers and residents, based on regional meetings, local research results, needs assessments involving resident surveys and focus groups, as well as state and federally-supported health and demographic statistics on the region, RHP 5 has developed DSRIP projects designed to:

1. Expand the workforce of qualified primary care and specialty care providers to reduce health care workforce shortages and thus reduce delays in care seeking and reduce inappropriate emergency department utilization, as well as improve patient satisfaction.
2. Increase the availability of and access to behavioral health services by expanded mental health workforce capacity and the use of technologies to reach patients in rural communities to help prevent admission/readmission to inpatient psychiatric care.
3. Improve the integration of care for people with multiple chronic diseases, including those with co-occurring physical and behavioral health conditions as part of our region's transformation to a quality-based health care system.
4. Increase the capacity of safety net providers in the region to provide patient-centered care and care management, particularly for patients with chronic conditions, to improve health literacy, self-care management skills, and more effectively access or navigate the health care system appropriately.

Summary of Categories 1-2 Projects
RHP 5: Summary of Categories 1-2 Projects

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
Category 1: Infrastructure Development			
[121989102].1.1 Implement technology-assisted services (telehealth, telemonitoring, telementoring, or telemedicine) to support, coordinate, or deliver behavioral health services Border Region Behavioral Health Center 121989102	This project (1.11.2) will establish telemedicine service in Starr County to provide access to psychiatric and medical services for AMH and CMH clients for residents in Starr County.	IT 2.4 Behavioral Health/Substance Abuse (BH/SA) Admission Rate (Standalone measure)	\$74,5120
[121989102].1.2 Develop Workforce enhancement initiatives to support access to behavioral health providers in underserved markets and areas Border Region Behavioral Health Center 121989102	This project (1.14.1) will recruit, hire or contract, and train LPHAs, psychiatrists, RNs for residents in Starr County.	IT 2.4 Behavioral Health/Substance Abuse (BH/SA) Admission Rate (Standalone measure)	\$1,751,210.98

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
<p>[160709501].1.1</p> <p>Establish Primary Care/Internal Medicine Residency Training Program</p> <p>Doctors Hospital Renaissance</p> <p>160709501</p>	<p>This project (1.2.4) will establish a new Internal Medicine residency training program at DHR: recruit program directors; conduct primary care gap analysis; write and submit PIF; pass review by RRC; recruit medical students; onboard 1st class of 6 in July 2015; recruit and onboard 2nd class of 6 in July 2016.</p>	<p>IT-1.20 Other Outcome Improvement Target TBD-currently under discussion with HHSC/CMS</p>	<p>\$13,667,149</p>
<p>[160709501].1.2</p> <p>Establish Primary Care/Family Medicine Residency Training Program</p> <p>Doctors Hospital Renaissance</p> <p>160709501</p>	<p>This project (1.2.4) will establish a new Family Medicine residency training program at DHR: recruit program directors; conduct primary care gap analysis; write and submit PIF; pass review by RRC; recruit medical students; onboard 1st class of 4 in July 2015; recruit and onboard 2nd class of 4 in July 2016.</p>	<p>IT-1.20 Other Outcome Improvement Target TBD-currently under discussion with HHSC/CMS</p>	<p>\$13,667,149</p>
<p>[160709501].1.3</p> <p>Establish Ob/Gyn Residency Training Program</p> <p>Doctors Hospital Renaissance</p> <p>160709501</p>	<p>This project (1.2.4) will expand high impact specialty care capacity in most impacted medical specialties. Establish a new Ob/Gyn residency training program at DHR: recruit program directors; conduct primary care gap analysis; write and submit PIF; pass review by RRC; recruit medical students; onboard 1st class of 3 in July 2015; recruit and onboard 2nd class of 3 in July 2016.</p>	<p>IT-1.20 Other Outcome Improvement Target TBD-currently under discussion with HHSC/CMS</p>	<p>\$13,667,149</p>

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
<p>[160709501].1.4 Establish General Surgery Residency Training Program</p> <p>Doctors Hospital Renaissance</p> <p>160709501</p>	<p>This project (1.9.1) will expand high impact specialty care capacity in most impacted medical specialties. Establish a new General Surgery residency training program at DHR: recruit program directors; conduct primary care gap analysis; write and submit PIF; pass review by RRC; recruit medical students; onboard 1st class of 2 in July 2015; recruit and onboard 2nd class of 2 in July 2016.</p>	<p>IT-1.20 Other Outcome Improvement Target TBD-currently under discussion with HHSC/CMS</p>	<p>\$13,667,149</p>
<p>[132812205].1.1 Increase, Expand, and Enhance Oral Health Services</p> <p>Driscoll Children's Hospital</p> <p>132812205</p>	<p>This project (1.8.9) will expand access to dental varnish treatments.</p>	<p>OD-7 Oral Health IT-7.10 Prevent severe dental caries that result in operative interventions for targeted population</p>	<p>\$6,000,000</p>
<p>[136332705].1.1 Increase OB Primary Care</p> <p>Starr County Memorial Hospital</p> <p>136332705</p>	<p>This project (1.1.4) will recruit a family practice physician that is also able to practice obstetrical care for the community. In addition to providing services at the rural clinic, he/she will be recruited to perform OB delivery services at Starr County Memorial Hospital.</p>	<p>OD-1 Primary Care and Chronic Disease Management OD-2 Access to quality care – more patients seen by MD versus Nurse Practitioner OD-1 IT-10 HbA1c Control will be a perfect fit for this type of clinic.</p>	<p>\$600,000</p>

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<p>[136332705].1.2 Expand Surgery Service Capacity</p> <p>Starr County Memorial Hospital</p> <p>136332705</p>	<p>This project (1.9.5) will allow Starr County Memorial Hospital to contract a general surgeon to provide full-time surgical services in our facility</p>	<p>OD-6 Patient Satisfaction is directly tied into this project, with IT-6.1 (percent improvement over baseline of patient satisfaction scores). We would also implement OD-1 IT-1.13 into the mix of category 3 outcomes.</p>	<p>\$1,200,000</p>
<p>[138708601].1.1 Expand Primary Care Capacity</p> <p>Tropical Texas Behavioral Health</p> <p>138708601</p>	<p>This project (1.1.2) will expand behavioral health service capacity at all TTBH clinic locations to provide services to individuals currently on TTBH waiting lists.</p>	<p>[P-4]: Conduct Plan Do Study Act (PDSA) cycles to improve data collection and intervention activities [IT-6.1]: Percent Improvement over baseline of patient satisfaction scores: (5) patient's overall health status/functional status (Standalone measure)</p>	<p>\$13,765,914</p>
<p>[138708601].1.2 Expand Primary Care Capacity</p> <p>Tropical Texas Behavioral Health</p> <p>138708601</p>	<p>This project (1.1.2) will increase access to Co-Occurring Psychiatric and Substance Use Disorder (COPSD) services for persons with co-occurring mental health and substance use diagnoses through the addition of 4 COPSD Specialists at each of TTBH's 3 main clinic locations.</p>	<p>[P-4]: Conduct Plan Do Study Act (PDSA) cycles to improve data collection and intervention activities [IT-6.1]: Percent Improvement over baseline of patient satisfaction scores: (5) patient's overall health status/functional status (Standalone measure)</p>	<p>\$4,986,935</p>

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
<p>[138708601].1.3 Development of behavioral health crisis stabilization services as alternatives to hospitalization.</p> <p>Tropical Texas Behavioral Health</p> <p>138708601</p>	<p>This project (1.13.2) will add 2 Mobile Crisis Outreach Team (MCOT) staff at each of TTBH's main clinics trained in the delivery of crisis services to individuals with co-occurring IDD and behavioral health needs; provide respite services in collaboration with Rio Grande State Center; provide emergency crisis respite in collaboration with Wood Group Crisis Respite Unit (with 1:1 staffing as needed); Facilitate behavior management for individuals with IDD who have co-occurring behavioral health needs, to prevent admission/readmission to inpatient psychiatric care.</p>	<p>[P-4]: Conduct Plan Do Study Act (PDSA) cycles to improve data collection and intervention activities [IT-6.1]: Percent Improvement over baseline of patient satisfaction scores: (5) patient's overall health status/functional status (Standalone measure).</p>	<p>\$2,444,817</p>
<p>[085144601].1.1 Improving Primary Care Access through expansion of internal medicine residency</p> <p>UTHSCSA</p> <p>085144601</p>	<p>The primary goal of this DSRIP project (1.2.4) is to increase the number of internal medicine faculty and residents in the existing internal medicine residency of Valley Baptist Medical System. Obtain RRC approval and recruit first 5 residents in July 2015. The project will train more workforce members to serve as primary care providers to help address the substantial primary care workforce shortage.</p>	<p>IT-1.20 Other Outcome Improvement Target TBD-currently under discussion with HHSC/CMS</p>	<p>\$12,930,564</p>

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
[085144601].1.2 Expand high impact specialty care capacity in Behavioral Health UTHSCSA 085144601	The primary goal of this DSRIP project (1.9.1) will be to expand specialty care in behavioral health by establishing a psychiatry residency program that will address the severe shortage of behavioral health professionals and create a pipeline for the future.	IT-1.20 Other Outcome Improvement Target TBD-currently under discussion with HHSC/CMS	\$11,535,149
[085144601].1.3 New faculty for family medicine residency UTHSCSA 085144601	The primary goal of this project (1.2.4) is to increase the number of Family Medicine Faculty in an HPSA region thus increasing access and capacity. This will occur by providing more faculty to improve the quality and variety of training of family medicine residents.	IT-1.20 Other Outcome Improvement Target TBD-currently under discussion with HHSC/CMS	\$5,463,297
Category 2: Program Innovation and Redesign			
[121989102].2.1 Design, implement, and evaluate projects that provide integrated primary and behavioral health care services. Border Region Behavioral Health Center 121989102	This project (2.15.1) will identify clients with co-morbid conditions and provide integrated primary and behavioral services for residents in Starr County	IT 2.4 Behavioral Health/Substance Abuse (BH/SA) Admission Rate (Standalone measure)	\$1,900,250

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
<p>[132812205].2.1 Implement Evidence-based Health Promotion Programs</p> <p>Driscoll Children's Hospital</p> <p>132812205</p>	<p>This project (2.7.6) will improve maternal and fetal medicine care to pregnant women who also are diabetics, individuals with asthma, tobacco or alcohol users, and other chronic conditions</p>	<p>OD-8 Perinatal Outcome: IT-8.9 Reduce the Neonatal Length of Stay for targeted population</p>	<p>\$10,000,000</p>
<p>[132812205].2.2 Implement Evidence-based Disease Prevention Programs</p> <p>Driscoll Children's Hospital</p> <p>132812205</p>	<p>This project (2.7.6) will establish a Fetal Echocardiogram Program.</p>	<p>OD-8 Perinatal Outcome: IT-8.9 Early Detection of Fetal Anomalies</p>	<p>\$16,000,000</p>
<p>[136332705].2.1 Process Improvement Methodology throughout the ED</p> <p>Starr County Memorial Hospital</p> <p>136332705</p>	<p>This project (2.8.3) will apply new process through our facility to increase capacities and turnaround of our ED without sacrificing the quality and safety of our patient population. This project will improve our ED Throughput.</p>	<p>Outcome measures will be within OD-9 and OD-6 to increase the amount of care available to our patients that have been previously turned away and to increase patient satisfaction.</p>	<p>\$600,000</p>

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<p>[136332705].2.2 Process Improvement through Patient Centered Healthcare</p> <p>Starr County Memorial Hospital</p> <p>136332705</p>	<p>This project (2.11.3) transforms a manual medication reconciliation program from a manual to electronic system to improve patient safety.</p>	<p>OD-6 Patient satisfaction will improve through the use of e-prescribing.</p>	<p>\$400,000</p>
<p>[138708601].2.1 Integrate Primary and Behavioral Health Care Services</p> <p>Tropical Texas Behavioral Health</p> <p>138708601</p>	<p>This project (2.15.1) will add a Primary Care Physician (PCP), nurse and support staff at each of TTBH's 3 main clinic locations (serving Hidalgo, Cameron and Willacy Counties) to provide primary care services to the behavioral health population served.</p>	<p>[P-4]: Conduct Plan Do Study Act (PDSA) cycles to improve data collection and intervention activities [IT-6.1]: Percent Improvement over baseline of patient satisfaction scores: (5) patient's overall health status/functional status (Standalone measure)</p>	<p>\$16,810,467</p>
<p>[138708601].2.2 Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e., the criminal justice system, ER, urgent care etc.).</p> <p>Tropical Texas Behavioral Health</p> <p>138708601</p>	<p>This project (2.13.2) will: recruit and hire 18 certified Mental Health Officers to serve on a mental health taskforce serving all counties in TTBH's catchment area; increase opportunities to divert individuals with mental illness from the criminal justice system to treatment alternatives as appropriate.</p>	<p>[P-4]: Conduct Plan Do Study Act (PDSA) cycles to improve data collection and intervention activities [IT-6.1]: Percent Improvement over baseline of patient satisfaction scores: (5) patient's overall health status/functional status (Standalone measure)</p>	<p>\$13,443,573</p>

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
<p>[138708601].2.3 Integrate Primary and Behavioral Health Care Services</p> <p>Tropical Texas Behavioral Health</p> <p>138708601</p>	<p>This project (2.15.1) will: co-locate primary care services at TTBH's main clinic locations; reduce the use of local emergency departments for medical clearances required for psychiatric hospital admissions.</p>	<p>[P-4]: Conduct Plan Do Study Act (PDSA) cycles to improve data collection and intervention activities [IT-6.1]: Percent Improvement over baseline of patient satisfaction scores: (5) patient's overall health status/functional status (Standalone measure)</p>	<p>\$106,488</p>
<p>[138708601].2.4 Expand Chronic Care Management Models</p> <p>Tropical Texas Behavioral Health</p> <p>138708601</p>	<p>This project (2.2.5) will add 1 Nurse Care Manager at each of TTBH's main clinics and implement a patient self-management program for specified individuals with co-morbid chronic medical and mental illnesses.</p>	<p>[P-4]: Conduct Plan Do Study Act (PDSA) cycles to improve data collection and intervention activities [IT-6.1]: Percent Improvement over baseline of patient satisfaction scores: (5) patient's overall health status/functional status (Standalone measure)</p>	<p>\$12,360,811</p>
<p>[085144601].2.1 Implement medical homes in HPSA and other rural and impoverished areas.</p> <p>UTHSCSA</p> <p>085144601</p>	<p>This project (2.1.3) will support the creation of patient centered medical homes in a community clinic (Su Clinica Familiar) located in an HPSA region.</p>	<p>P- 1 Project planning P- 2 Establish baseline rates IT-1.10 Diabetes care: <i>HbA1c poor control (>9.0%)233- NQF 0059 (Standalone measure)</i></p>	<p>\$5,412,946</p>

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
<p>[085144601].2.2 Create a Patient Centered Medical Home for a Family Medicine Residency</p> <p>UTHSCSA</p> <p>085144601</p>	<p>This project (2.1.3) will create a Patient Centered Medical Home in the context of an existing Family Medicine residency program. This will increase the capacity of the Family Medicine Residency to care for patients.</p>	<p>P- 1 Project planning P- 2 Establish baseline rates IT-1.10 Diabetes care: <i>HbA1c poor control (>9.0%)233- NQF 0059 (Standalone measure)</i></p>	<p>\$5,595,000</p>
<p>[085144601].2.3 Expand Model of Management of Chronic Diseases in Lower Valley of RHP 5</p> <p>UTHSCSA</p> <p>085144601</p>	<p>This project (2.2.1) is designed to expand proactive, ongoing care to keep patients with chronic diseases healthy. It will also empower them to self-manage their conditions. The ultimate goal is to prevent worsening health precipitating the need for Emergency Department or Inpatient care.</p>	<p>P- 1 Project planning P- 2 Establish baseline rates IT-1.10 Diabetes care: <i>HbA1c poor control (>9.0%)233- NQF 0059 (Standalone measure)</i></p>	<p>\$15,168,144</p>
<p>[085144601].2.4 Establish/Expand a Patient Care Navigation Program based on a Mobile Clinic model</p> <p>UTHSCSA</p> <p>085144601</p>	<p>This project (2.9.1) expands the use of an existing Mobile Clinic in a customized van providing primary care in underserved rural areas by enhancing and expanding its impact with Patient Navigators.</p>	<p>P-1 Project Planning – P-2 Establish baseline rate P-3 Develop and test data systems IT-1.7 Controlling high blood pressure (NCQA-HEDIS2012) – Stand Alone Measure IT-1.10 Diabetes care: <i>HbA1c poor control (>9.0%)233- NQF 0059(Standalone measure)</i></p>	<p>\$4,834,254</p>

Project Title (include unique RHP project ID number for each project.)	Brief Project Description	Related Category 3 Outcome Measure(s) (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
<p>[085144601].2.5 Implement Evidence-based Health Promotion Programs</p> <p>UTHSCSA</p> <p>085144601</p>	<p>This project (2.6.3) will implement the evidenced-based Community Wide Campaign (CWC) which will include community health worker outreach, self-management education, text-message support for lifestyle changes, and evidenced based environmental changes to support maintenance of health.</p>	<p>P- 1 Project planning P- 2 Establish baseline rates</p> <p>IT-1.10 Diabetes care: <i>HbA1c poor control (>9.0%)</i>233- NQF 0059 (Standalone measure)</p> <p>IT-1.11 Diabetes care: <i>BP control (<140/80mm Hg)</i>234 – NQF 0061 (Standalone measure)</p>	<p>\$2,968,210</p>

