

Regional Healthcare Partnership (RHP) Plan

Executive Overview

Southeast Texas Regional Healthcare
Partnership - Region 3



As the largest Regional Healthcare Partnership (RHP) in Texas, RHP 3's plan (the plan) is by necessity an ambitious, comprehensive effort to improve health care services for more than five million people within a nine (9) county area. Through a coordinated strategy that began nearly a year ago, the Region's partners and stakeholders have contributed thousands of hours to develop a community-wide strategic plan for transforming the health care delivery system. Due to a large population and the extensive health care needs of the community, the Delivery System Reform Incentive Payment Program (DSRIP) program is a welcome opportunity to expand and transform the health care infrastructure.

As with any large area that includes both urban and rural populations, the Region's residents are an extremely diverse, heterogeneous group with a wide variety of health care service needs. According to the Census Bureau's American Community Survey (ACS), the Houston Metropolitan Statistical Area includes more than 1.3 million residents born outside the United States.

While the ethnic and cultural backgrounds of each of the Region's nine counties vary widely, the needs of the communities and the people served are strikingly similar. Based on input from hundreds of stakeholders and a review of more than 75 community needs studies, the Region identified an extensive list of critical health care needs and challenges. The priority challenges that must be addressed to successfully transform the health care system are the focus of the DSRIP projects and are summarized as follows:

- Inadequate primary care and specialty care capacity to meet the demands of a large and continually growing population. Every county in the region is designated a Health Professional Shortage Area for primary care, behavioral health care and dental care. Patients experience long waits for appointments and often turn to emergency rooms for primary care and non-urgent health care services that do not require emergency services.
- High prevalence of chronic disease, including diabetes, obesity, cancer, asthma and heart disease;
- High prevalence of unhealthy lifestyle behaviors, including smoking, substance abuse, lack of exercise, and poor nutritional habits;
- A diverse population that includes a large number of immigrants that speak more than a dozen different languages requiring language interpretation services and culturally-appropriate care;
- Insufficient transportation services that delay patients' access to care and encourages inappropriate utilization of emergency services;
- High utilization of emergency services for non-urgent, episodic care;
- Lack of coordination among primary and specialty care providers, and fragmentation of inpatient, outpatient and ancillary services.
- Lack of patient training and education programs that encourage and enable consumers to take charge of their health, and
- Absence of a regional plan for facilitating shared-training and learning programs among providers, with a focus on sharing best-practices and lessons learned.

The need for services and the pressing health care challenges are admirably addressed by the existing health care providers, but the sheer volume of need is overwhelming and often

frustrating for the dedicated professionals who work in the Region. Health care services are provided by more than 12,250 physicians representing more than 200 specialties, and 85 acute care hospitals.¹ With a total of more than 13,000 inpatient beds, hospital services provided in 2010 included more than 1.6 million emergency room visits, 8.3 million outpatient visits, and more than 522,000 inpatient admissions.² The Region includes the Texas Medical Center (TMC), an organization of 52 renowned medical, research and academic institutions that provide cutting edge research and services. In 2010, these facilities collectively were responsible for 7.1 million patient visits, including 16,000 visits from international patients who travel from all over the world for life-saving treatment.

But despite this robust health care infrastructure, access to care is still a challenge for many people living in the region. Like other areas of the state, RHP 3 has a high uninsured rate that varies from a low of 17.2% in Calhoun County to a high of 27.4% in Harris County.³ The U.S. Census Bureau estimates 1.2 million people living in the Region have no insurance, many of whom rely on an extensive safety net system that struggles to keep up with the high demand for health care services. Additionally, the region includes a large population that lives in underserved areas where basic health care services are at a premium. Approximately 850,000 people live below 100% of the federal poverty level, including more than 505,000 adults and 344,600 children. The combination of low income, a lack of insurance, and an insufficient number of health care providers creates significant barriers for these individuals, who are a priority population in many of the initiatives presented in this plan.

While the Region has many specific objectives and improvement targets based on stakeholder input and community needs assessments, the over-arching goals that have guided the development of this plan include the following:

- Develop a regional approach to health care delivery that leverages and improves on existing programs and infrastructure; is responsive to patient needs throughout the entire region; and, improves health care outcomes and patient satisfaction.
- Increase access to primary and specialty care services, with a focus on underserved populations, to ensure patients receive the most appropriate care for their condition, regardless of where they live or their ability to pay.
- Transform health care delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services, and builds on the accomplishments of the existing health care system; and
- Develop a culture of ongoing transformation and innovation that maximizes the use of technology and best-practices; facilitates regional collaboration and sharing; and, engages patients, providers, and other stakeholders in planning, implementation, and evaluation processes.

These goals provided the underlying principles that guided discussions during the thousands of hours spent deliberating and developing of DSRIP projects. The inclusion of stakeholders in all

¹ Texas Medical Board, Physician Demographics by County and Specialty, January 2012.

² 2010 Cooperative Department of State Health Services/American Hospital Association/Texas Hospital Association Annual Survey of Hospitals and Hospitals Tracking Data Base.

³ U.S. Census Bureau, 2008-2010 American Community Survey 3 Year Estimates.

stages of the work ensures that the project decisions are aimed at addressing the needs of the community and are informed by the first-hand knowledge of the providers, advocates, caregivers, and consumers who helped design the Plan. Because of this high level of participation, we are confident that the projects will be successful in achieving the community goals. As a review of the projects and community needs assessment will demonstrate, the plan includes projects specifically designed to improve access to all types of care, with a significant focus on expanding primary and behavioral health care services. Other Plan initiatives are targeted at improving the treatment of chronic disease; creation of medical homes and care coordination programs; integration of physical and behavioral health care services to treat the whole patient; consumer training and education programs that empower patients to take control of their own health; workforce recruitment and training programs that will expand the number of providers serving the region and maximize their ability to provide the most effective and cost-efficient care possible; and programs for expanding and enhancing the availability of services that meet the cultural diversity of the population. Initiatives are tailored to meet the unique needs of specific populations identified and designed by local providers using best practices and proven strategies for improved patient outcomes. Coordinated and ongoing training and support for all participants will be provided, with regular opportunities for stakeholder input to assess progress.

Most importantly, the plan is a community-wide effort that includes partners who have a successful history of working together to improve the population health. The breadth and range of these projects will touch virtually every person accessing the health care system and will benefit patients for years to come. Improved access to care, increased patient satisfaction, reduction in costs, and better outcomes will affect not just the patients receiving care, but the entire community – employers who pay for health care, taxpayers who fund government health plans and purchase individual health coverage, and family members who serve as care givers are all participating beneficiaries who will work together to ensure the successful implementation of the plan.

UPDATE – May, 2015

Since submission of the last RHP Plan in March, 2013, the development and implementation of the plan in RHP3 has resulted in additions, changes and improvements. As such, the plan now available reflects the addition of 27 new projects added as 3-year projects. That is, these projects have been implemented over the course of the final three years of the 1115 Waiver. These new projects further expand the Region's focus behavioral health, patient navigation and integrated care. Additionally, these projects allow two new providers to participate in this important transformational opportunity.

More importantly, the last two years have also included opportunities for Performing Providers to further refine their projects through plan modifications that more accurately detail project activities, and to finalize outcome measures. Though there is much diversity among them, Category 3 Outcome Measures are a critical component of this plan. RHP3's measures focus on demonstrating improvement in areas such as potentially preventable events, right care/right setting, quality of life, prevention and patient satisfaction. Achievement in Category 3 will be key to demonstrating the success of the 180 projects that now make up the RHP 3 Plan.