

# **Region 17**

## **Regional Healthcare Partnership**

### **Brazos County Planning Meeting**

**Wednesday, May 30, 2012**

**2:15 p.m. to 3:45 p.m.**

Brazos County Administration Building • Courtroom JP 2.2, Suite 114  
200 South Texas Avenue • Bryan, Texas

---

## **AGENDA**

- I. Welcome and Introductions**
  
- II. Update on 1115 Waiver Activities**
  
- III. Review of County Assessment Data and Updated Secondary Data**
  
- IV. Discuss Community Priorities**
  
- V. Review of DSRIP Project Menu**
  
- VI. Discuss Key Priorities in Relation to DSRIP Projects**
  
- VII. Closing Remarks and Next Steps**
  
- VIII. Adjourn**

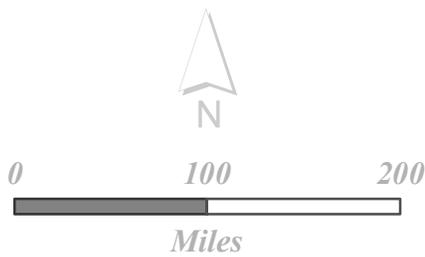
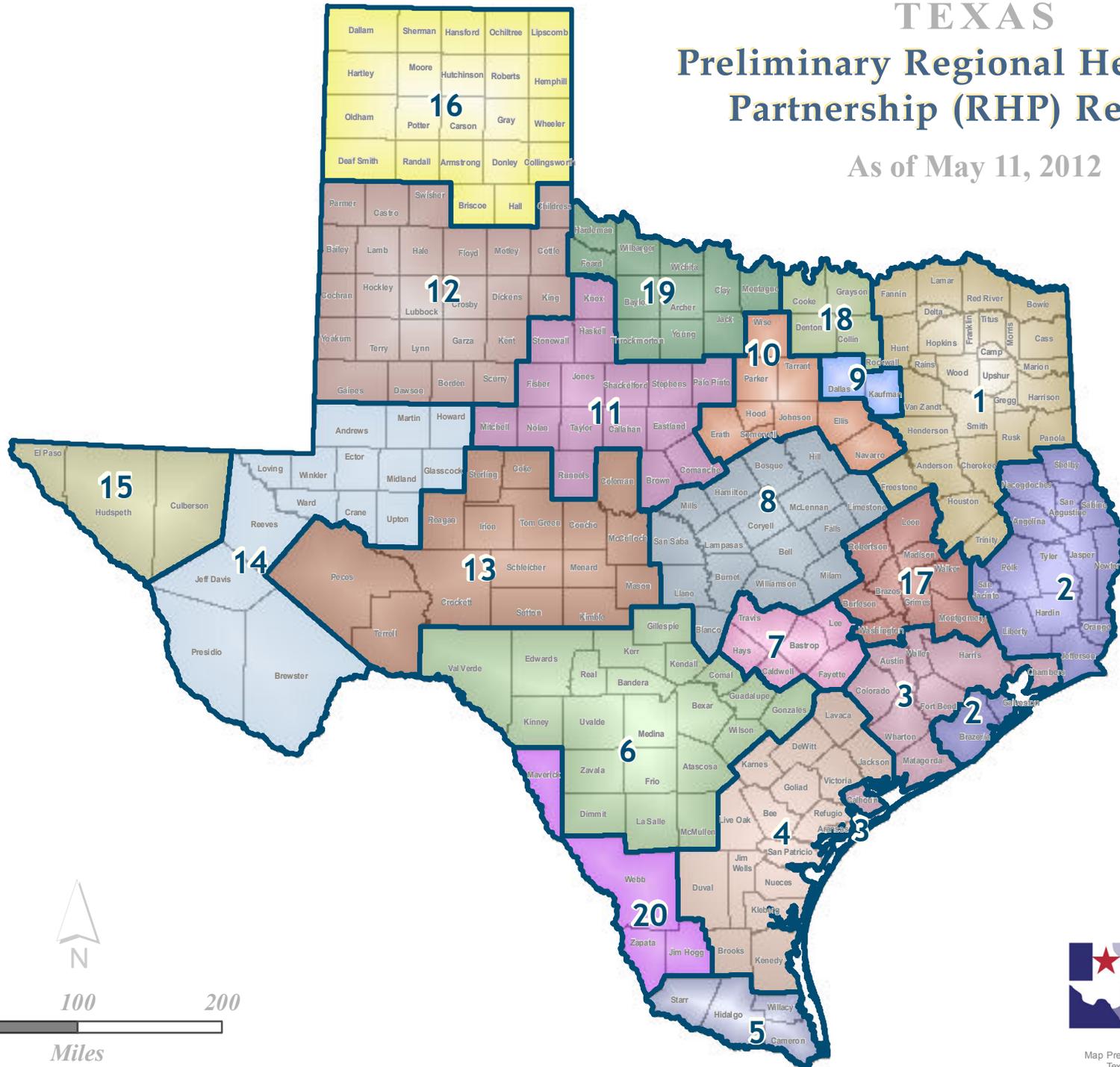
*Meeting will be facilitated by Dr. Monica Wendel and Ms. Angie Alaniz*



Visit our 1115 Medicaid Transformation Waiver website: <http://www.tamhsc.edu/1115-waiver>

# TEXAS Preliminary Regional Healthcare Partnership (RHP) Regions

As of May 11, 2012



**RHP 1**

1. Anderson
2. Bowie
3. Camp
4. Cass
5. Cherokee
6. Delta
7. Fannin
8. Franklin
9. Freestone
10. Gregg
11. Harrison
12. Henderson
13. Hopkins
14. Houston
15. Hunt
16. Lamar
17. Marion
18. Morris
19. Panola
20. Rains
21. Red River
22. Rusk
23. Smith
24. Titus
25. Trinity
26. Upshur
27. Van Zandt
28. Wood

**RHP 2**

1. Angelina
2. Brazoria
3. Galveston
4. Hardin
5. Jasper
6. Jefferson
7. Liberty
8. Nacogdoches
9. Newton
10. Orange
11. Polk
12. Sabine
13. San Augustine
14. San Jacinto
15. Shelby
16. Tyler

**RHP 3**

1. Austin
2. Calhoun
3. Chambers
4. Colorado
5. Fort Bend
6. Harris
7. Matagorda
8. Waller
9. Wharton

**RHP 4**

1. Aransas
2. Bee
3. Brooks
4. DeWitt
5. Duval
6. Goliad
7. Jackson
8. Jim Wells
9. Karnes
10. Kenedy
11. Kleberg
12. Lavaca
13. Live Oak
14. Nueces
15. Refugio
16. San Patricio
17. Victoria

**RHP 5**

1. Cameron
2. Hidalgo
3. Starr
4. Willacy

**RHP 6**

1. Atascosa
2. Bandera
3. Bexar
4. Comal
5. Dimmit
6. Edwards
7. Frio
8. Gillespie
9. Gonzales
10. Guadalupe
11. Kendall
12. Kerr

13. Kinney
14. La Salle
15. McMullen
16. Medina
17. Real
18. Uvalde
19. Val Verde
20. Wilson
21. Zavala

**RHP 7**

1. Bastrop
2. Caldwell
3. Fayette
4. Hays
5. Lee
6. Travis

**RHP 8**

1. Bell
2. Blanco
3. Bosque
4. Burnet
5. Coryell
6. Falls
7. Hamilton
8. Hill
9. Lampasas
10. Limestone
11. Llano
12. McLennan
13. Milam
14. Mills
15. San Saba
16. Williamson

**RHP 9**

1. Dallas
2. Kaufman

**RHP 10**

1. Ellis
2. Erath
3. Hood
4. Johnson
5. Navarro
6. Parker
7. Somervell
8. Tarrant
9. Wise

**RHP 11**

1. Brown
2. Callahan
3. Comanche
4. Eastland
5. Fisher
6. Haskell
7. Jones
8. Knox
9. Mitchell
10. Nolan
11. Palo Pinto
12. Runnels
13. Shackelford
14. Stephens
15. Stonewall
16. Taylor

**RHP 12**

1. Bailey
2. Borden
3. Castro
4. Childress
5. Cochran
6. Cottle
7. Crosby
8. Dawson
9. Dickens
10. Floyd
11. Gaines
12. Garza
13. Hale
14. Hockley
15. Kent
16. King
17. Lamb
18. Lubbock
19. Lynn
20. Motley
21. Parmer
22. Scurry
23. Swisher
24. Terry
25. Yoakum

**RHP 13**

1. Coke
2. Coleman

3. Concho
4. Crockett
5. Irion
6. Kimble
7. Mason
8. McCulloch
9. Menard
10. Pecos
11. Reagan
12. Schleicher
13. Sterling
14. Sutton
15. Terrell
16. Tom Green

**RHP 14**

1. Andrews
2. Brewster
3. Crane
4. Ector
5. Glasscock
6. Howard
7. Jeff Davis
8. Loving
9. Martin
10. Midland
11. Presidio
12. Reeves
13. Upton
14. Ward
15. Winkler

**RHP 15**

1. Culberson
2. El Paso
3. Hudspeth

**RHP 16**

1. Armstrong
2. Briscoe
3. Carson
4. Collingsworth
5. Dallam
6. Deaf Smith
7. Donley
8. Gray
9. Hall
10. Hansford
11. Hartley

12. Hemphill
13. Hutchinson
14. Lipscomb
15. Moore
16. Ochiltree
17. Oldham
18. Potter
19. Randall
20. Roberts
21. Sherman
22. Wheeler

**RHP 17**

1. Brazos
2. Burleson
3. Grimes
4. Leon
5. Madison
6. Montgomery
7. Robertson
8. Walker
9. Washington

**RHP 18**

1. Collin
2. Cooke
3. Denton
4. Grayson
5. Rockwall

**RHP 19**

1. Archer
2. Baylor
3. Clay
4. Foard
5. Hardeman
6. Jack
7. Montague
8. Throckmorton
9. Wichita
10. Wilbarger
11. Young

**RHP 20**

1. Jim Hogg
2. Maverick
3. Webb
4. Zapata



## 2010 Brazos Valley Health Status Assessment

# Brazos County Executive Summary

### Brazos County by the Numbers

Discussion Groups (CDGs): 14  
 Participants in CDGs: 136  
 Surveys Completed: 1,088

### Survey Demographics

#### Age:

18-34 years: 59%  
 35-44 years: 15%  
 45-64 years: 18%  
 65 years and older: 9%

#### Race/Ethnicity:

White: 55%  
 Hispanic: 29%  
 Black: 10%  
 Asian: 3%  
 Multi-racial (non-Hispanic): 3%

#### Educational Attainment:

Less than high school: 7%  
 High School: 36%  
 More than high school: 58%

#### Employment Status:

Employed: 61%  
 Retired: 4%  
 Homemaker: 10%  
 Disabled: 16%  
 Unemployed: 9%

#### Poverty Status:

Below Poverty: 21%  
 Low-Income: 23%

## Community Description

The central location of Brazos County between larger cities in Texas provides access to “big city” amenities without many of the big city issues, and the relatively low cost of living was attractive for families. Brazos County is perceived as a rapidly growing community, increasing in diversity. The upside of growth was that it created demand for new resources and development. The downside is the gradual loss of the small town feel, increased traffic, and the inability for the community to maintain necessary infrastructure for rapid population growth. The two major cities in Brazos County—Bryan and College Station—are resource hubs for the region. Bryan/College Station is a family-oriented community, deemed good for raising a family. Perceptions were mixed about the level of cooperation between the two cities; some suggested that there were strong examples of collaboration, while others indicated a clear division between Bryan and College Station. Excellent schools, Blinn College, and Texas A&M University are central institutions in the community, and are viewed as a source of resources and expertise of great value. There is a strong volunteer base for civic activities; many also mentioned the generosity and charitable nature of local residents.

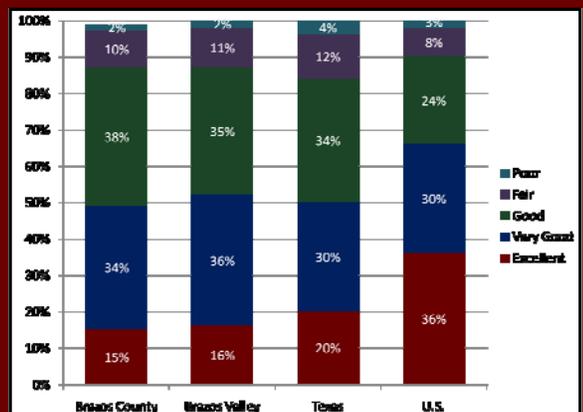
## Community Issues

Several issues were repeated by Brazos County discussion group participants including:

- The economy, unemployment, poverty, lack of resources to pay for basic necessities
- Growing older population; gap in services to meet their or their caregivers needs
- Need for a stronger sense of shared priorities among leadership
- Inadequate communication at all levels
- Unreliable and inadequate public transportation
- Poor access to care for low-income families
- Utilization of emergency room for primary care
- Overweight/obesity and related health issues
- Lack of resources to serve those with mental health issues
- Food security for those in poverty—especially children

## Health Status

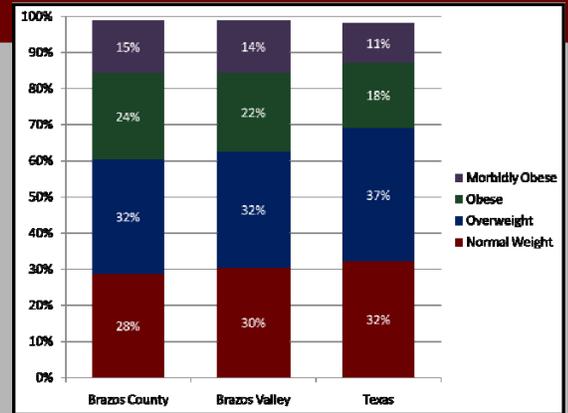
Fifteen percent of respondents rated their health as *excellent*, 34.0 percent said their health was *very good*, and 38.2 percent said their health was *good*. In contrast, 10.4 percent indicated their health was *fair*, and 2.3 percent said their health was *poor*. Overall, Brazos County residents were more likely to report their health as *good*, *fair*, or *poor* than the U.S.



## Obesity

In Brazos County, only 28.4 percent of residents were assessed to be at a *normal weight* for their height. The majority of survey respondents were *overweight* or *obese*; nearly one-third were *overweight* (31.9%), nearly one in four was *obese* (23.8%), and alarmingly, 14.7 percent were *morbidly obese*.

These rates are rising—higher than 2002 and 2006, and are higher than the national rate as well. Given the number and types of conditions that are related to obesity, these statistics are cause for alarm in this community.



## Chronic Disease

Chronic Disease	Percentage
Overweight/Obesity	70.4%
Hypertension	28.7%
High Cholesterol	23.0%
Depression	19.4%
Asthma	15.5%
Anxiety	15.3%

Survey respondents were asked to report if they had ever been diagnosed with a list of chronic diseases/condition by a health care provider. The six most frequently reported conditions for Brazos County survey respondents are overweight/obesity, hypertension, high cholesterol, depression, asthma, and anxiety. Of the seven counties, Brazos County reported the lowest rates of a number of chronic diseases common among older adults, including *hypertension, congestive heart failure, high cholesterol, heart attack, stroke, diabetes, and arthritis*. However, Brazos County had the highest rate of asthma in the region.

## Top 10 Issues

Survey respondents were asked to rate the severity of a list of community issues, on a scale ranging from not at all a problem to a very serious problem. In Brazos County, the top 10 issues that emerged were (in order of perceived severity):

1. Teen pregnancy (25.6%)
2. Property crime (24.5%)
3. Illegal drug use (23.4%)
4. Unemployment (22.7%)
5. Lack of jobs for unskilled workers (21.9%)
6. School drop-out (19.2%)
7. Domestic violence (16.8%)
8. Poverty (16.0%)
9. Alcohol abuse (15.9%)
10. Population growth (15.5%)

## Community Advice

Community discussion group participants were asked to offer advice for anyone attempting to address issues in Brazos County. The following recommendations were offered in most of the discussions:

- Have a clear purpose, make people the priority, and **focus on what can be done**.
- **Do not assume there is nothing being done**. Take into account what is already being done and collaborate rather than starting one more thing. It was very clear that locally developed solutions work best.
- **Communicate with everyone from the beginning**. Communication should be focused and systematic, and should include stakeholders at all levels. Strong recommendations were given to be transparent and to engage the community in decisions that affect them. Also regarding communication, the media was seen as critical to getting information out and to educating the public on issues of interest.
- **Plan for sustainability**, use resources efficiently, and do not rely on grant funding.
- Follow through, be persistent, and **commit for the long haul**.

**Brazos County, Texas**

People QuickFacts	Brazos County	Texas
Population, 2011 estimate	NA	25,674,681
Population, 2010	194,851	25,145,561
Population, percent change, 2000 to 2010	27.8%	20.6%
Population, 2000	152,415	20,851,820
Persons under 5 years, percent, 2010	6.4%	7.7%
Persons under 18 years, percent, 2010	20.4%	27.3%
Persons 65 years and over, percent, 2010	7.2%	10.3%
Female persons, percent, 2010	49.4%	50.4%
-----		
White persons, percent, 2010 (a)	73.3%	70.4%
Black persons, percent, 2010 (a)	11.0%	11.8%
American Indian and Alaska Native persons, percent, 2010 (a)	0.4%	0.7%
Asian persons, percent, 2010 (a)	5.2%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2010	2.3%	2.7%
Persons of Hispanic or Latino origin, percent, 2010 (b)	23.3%	37.6%
White persons not Hispanic, percent, 2010	59.1%	45.3%
-----		
Living in same house 1 year & over, 2006-2010	66.3%	81.5%
Foreign born persons, percent, 2006-2010	12.5%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	20.8%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	84.5%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	39.3%	25.8%
Veterans, 2006-2010	8,510	1,635,367
Mean travel time to work (minutes), workers age 16+, 2006-2010	17.3	24.8
Housing units, 2010	77,700	9,977,436
Homeownership rate, 2006-2010	47.1%	64.8%
Housing units in multi-unit structures, percent, 2006-2010	38.4%	24.1%
Median value of owner-occupied housing units, 2006-2010	\$141,700	\$123,500
Households, 2006-2010	66,105	8,539,206
Persons per household, 2006-2010	2.60	2.78
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$21,018	\$24,870
Median household income 2006-2010	\$37,898	\$49,646
Persons below poverty level, percent, 2006-2010	29.7%	16.8%
-----		
Business QuickFacts	Brazos County	Texas
Private nonfarm establishments, 2009	3,754	519,028 <sup>1</sup>

Private nonfarm employment, 2009	54,808	8,925,096 <sup>1</sup>
Private nonfarm employment, percent change 2000-2009	15.7%	11.2% <sup>1</sup>
Nonemployer establishments, 2009	10,352	1,844,130
-----		
Total number of firms, 2007	13,887	2,164,852
Black-owned firms, percent, 2007	5.8%	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	0.9%	0.9%
Asian-owned firms, percent, 2007	S	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	9.7%	20.7%
Women-owned firms, percent, 2007	S	28.2%
-----		
Manufacturers shipments, 2007 (\$1000)	979,406	593,541,502
Merchant wholesaler sales, 2007 (\$1000)	779,612	424,238,194
Retail sales, 2007 (\$1000)	2,119,149	311,334,781
Retail sales per capita, 2007	\$12,425	\$13,061
Accommodation and food services sales, 2007 (\$1000)	340,272	42,054,592
Building permits, 2010	978	88,461
Federal spending, 2009	1,220,876	216,379,449 <sup>1</sup>
-----		
Geography QuickFacts	Brazos County	Texas
Land area in square miles, 2010	585.45	261,231.71
Persons per square mile, 2010	332.8	96.3
FIPS Code	041	48
Metropolitan or Micropolitan Statistical Area	College Station- Bryan, TX Metro Area	

1: Includes data not distributed by county.

Population estimates for counties will be available in April, 2012 and for cities in June, 2012.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 100 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report  
Last Revised: Tuesday, 31-Jan-2012 16:57:48 EST

	<b>Brazos County</b>	<b>Error Margin</b>	<b>National Benchmark*</b>	<b>Texas</b>	<b>Rank (of 221)</b>
<b>Health Outcomes</b>					<b>10</b>
<b>Mortality</b>					<b>11</b>
Premature death	5,864	5,441-6,286	5,466	7,186	
<b>Morbidity</b>					<b>17</b>
Poor or fair health	10%	8-14%	10%	19%	
Poor physical health days	2.9	2.1-3.6	2.6	3.6	
Poor mental health days	3.1	2.2-4.1	2.3	3.3	
Low birthweight	7.6%	7.2-8.0%	6.0%	8.2%	
<b>Health Factors</b>					<b>20</b>
<b>Health Behaviors</b>					<b>36</b>
Adult smoking	16%	11-23%	14%	19%	
Adult obesity	30%	24-37%	25%	29%	
Physical inactivity	22%	17-27%	21%	25%	
Excessive drinking	15%	10-22%	8%	16%	
Motor vehicle crash death rate	14	12-17	12	17	
Sexually transmitted infections	505		84	435	
Teen birth rate	38	36-39	22	63	
<b>Clinical Care</b>					<b>8</b>
Uninsured	22%	20-24%	11%	26%	
Primary care physicians	609:1		631:1	1,050:1	
Preventable hospital stays	63	58-67	49	73	
Diabetic screening	78%	73-83%	89%	81%	
Mammography screening	69%	63-74%	74%	62%	
<b>Social &amp; Economic Factors</b>					<b>88</b>
High school graduation	82%			84%	
Some college	65%	62-68%	68%	56%	
Unemployment	6.1%		5.4%	8.2%	
Children in poverty	26%	21-31%	13%	26%	
Inadequate social support	17%	11-25%	14%	23%	
Children in single-parent households	39%	35-43%	20%	32%	
Violent crime rate	504		73	503	
<b>Physical Environment</b>					<b>161</b>
Air pollution-particulate matter days	0		0	1	
Air pollution-ozone days	0		0	18	
Access to recreational facilities	9		16	7	
Limited access to healthy foods	24%		0%	12%	
Fast food restaurants	58%		25%	53%	

\* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

**2012**



**Brazos County**  
**POTENTIALLY PREVENTABLE HOSPITALIZATIONS**  
[www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph)

From 2005-2010, adult residents (18+) of **Brazos County** received **\$205,872,000** in charges for hospitalizations that were potentially preventable. Hospitalizations for the conditions below are called “**potentially preventable**,” because **if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred.**

Potentially Preventable Hospitalizations for Adult Residents of <b>Brazos County</b>	Number of Hospitalizations							2005-2010		
	2005	2006	2007	2008	2009	2010	2005-2010	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2010 Adult County Population
Bacterial Pneumonia	285	239	251	206	210	280	1,471	\$30,157	\$44,360,425	\$286
Dehydration	84	67	69	91	93	60	464	\$16,914	\$7,848,210	\$51
Urinary Tract Infection	142	161	145	155	166	177	946	\$21,490	\$20,329,642	\$131
Angina (without procedures)	18	6	13	9	6	7	59	\$21,647	\$1,277,196	\$8
Congestive Heart Failure	285	335	334	336	318	313	1,921	\$30,038	\$57,703,908	\$372
Hypertension (High Blood Pressure)	28	35	48	53	71	80	315	\$21,127	\$6,654,853	\$43
Asthma	106	89	101	105	115	95	611	\$22,711	\$13,876,579	\$90
Chronic Obstructive Pulmonary Disease	128	134	158	160	158	156	894	\$27,981	\$25,015,392	\$161
Diabetes Short-term Complications	48	45	63	57	66	61	340	\$22,702	\$7,718,670	\$50
Diabetes Long-term Complications	86	82	92	92	98	114	564	\$37,390	\$21,087,974	\$136
<b>TOTAL</b>	<b>1,210</b>	<b>1,193</b>	<b>1,274</b>	<b>1,264</b>	<b>1,301</b>	<b>1,343</b>	<b>7,585</b>	<b>\$27,142</b>	<b>\$205,872,848</b>	<b>\$1,328</b>

Source: Center for Health Statistics, Texas Department of State Health Services

**The purpose of this information is to assist in improving healthcare and reducing healthcare costs.**  
 This information is not an evaluation of hospitals or other healthcare providers.

**Bacterial Pneumonia** is a serious inflammation of the lungs caused by an infection. Bacterial pneumonia primarily impacts older adults. [Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for bacterial pneumonia.](#)

**Dehydration** means the body does not have enough fluid to function well. Dehydration primarily impacts older adults or institutionalized individuals who have a limited ability to communicate thirst. [Communities can potentially prevent hospitalizations by encouraging attention to the fluid status of individuals at risk.](#)

**Urinary Tract Infection (UTI)** is usually caused when bacteria enter the bladder and cause inflammation and infection. It is a common condition, with older adults at highest risk. In most cases, an uncomplicated UTI can be treated with proper antibiotics. [Communities can potentially prevent hospitalizations by encouraging individuals to practice good personal hygiene; drink plenty of fluids; and \(if practical\) avoid conducting urine cultures in asymptomatic patients who have indwelling urethral catheters.](#)

**Angina (without procedures)** is chest pain that occurs when a blockage of a coronary artery prevents sufficient oxygen-rich blood from reaching the heart muscle. [Communities can potentially prevent hospitalizations by encouraging regular physical activity; smoking cessation; controlling diabetes, high blood pressure, and abnormal cholesterol; maintaining appropriate body weight; and daily administration of an anti-platelet medication \(like low dose aspirin\) in most individuals with known coronary artery disease.](#)

**Congestive Heart Failure** is the inability of the heart muscle to function well enough to meet the demands of the rest of the body. [Communities can potentially prevent hospitalizations by encouraging individuals to reduce risk factors such as coronary artery disease, diabetes, high cholesterol, high blood pressure, smoking, alcohol abuse, and use of illegal drugs.](#)

**Hypertension (High Blood Pressure)** is a syndrome with multiple causes. Hypertension is often controllable with medications. [Communities can potentially prevent hospitalizations by encouraging an increased level of aerobic physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food.](#)

**Asthma** occurs when air passages of the lungs become inflamed and narrowed and breathing becomes difficult. Asthma is treatable, and most flare-ups and deaths can be prevented through the use of medications. [Communities can potentially prevent hospitalizations by encouraging people to learn how to recognize particular warning signs of asthma attacks. Treating symptoms early can result in prevented or less severe attacks.](#)

**Chronic Obstructive Pulmonary Disease** is characterized by decreased flow in the airways of the lungs. It consists of three related diseases: asthma, chronic bronchitis and emphysema. Because existing medications cannot change the progressive decline in lung function, the goal of medications is to lessen symptoms and/or decrease complications. [Communities can potentially prevent hospitalizations by encouraging education on smoking cessation and minimizing shortness of breath.](#)

**Diabetes Short-term Complications** are extreme fluctuations in blood sugar levels. Extreme dizziness and fainting can indicate hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), and if not brought under control, seizures, shock or coma can occur. Diabetics need to monitor their blood sugar levels carefully and adjust their diet and/or medications accordingly. [Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.](#)

**Diabetes Long-term Complications** include risk of developing damage to the eyes, kidneys and nerves. Risk also includes developing cardiovascular disease, including coronary heart disease, stroke, and peripheral vascular disease. Long-term diabetes complications are thought to result from long-term poor control of diabetes. [Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.](#)

For more information on potentially preventable hospitalizations, go to: [www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph).

## Brazos County Health Environment Notes & Related Data

### Hospitals - Brazos County

<i>Hospital</i>	<i>Services</i>		
<p><b>CHRISTUS Dubuis Hospital of Bryan</b> 1600 Joseph Drive, Second Floor Bryan, TX 77802 <i>(Located within St. Joseph Rehabilitation Center)</i></p> <ul style="list-style-type: none"> <li>• 30 licensed beds</li> </ul>	<ul style="list-style-type: none"> <li>• 24-hour nursing care, acute and post-ICU medical care,</li> <li>• ventilator care and weaning with 24-hour respiratory care</li> <li>• wound care</li> <li>• comprehensive inpatient physical occupational, and speech rehabilitation</li> <li>• cardiac monitoring</li> <li>• IV therapy</li> <li>• blood transfusions</li> <li>• dialysis</li> <li>• therapeutic nutritional support</li> <li>• pain management</li> <li>• case management</li> <li>• social work services</li> <li>• patient and family education</li> </ul>		
<p><b>College Station Medical Center</b> 1604 Rock Prairie Road College Station, TX 77845</p> <ul style="list-style-type: none"> <li>• 150 licensed beds</li> <li>• Level III Trauma Center</li> <li>• Accredited by The Joint Commission, Lab Accreditation</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• Acute Care Rehabilitation Unit</li> <li>• Cancer Center (<i>Radiation/Medical Oncology</i>)</li> <li>• Cardiac (<i>Angiography, Open Heart, CCU, Telemetry, Cath Lab, Rehabilitation</i>)</li> <li>• Cardiopulmonary/Respiratory (<i>EKG, Pulmonary Function Lab</i>)</li> <li>• Dialysis (<i>Inpatient, Outpatient</i>)</li> <li>• Emergency Department</li> <li>• Geriatric Acute Care</li> <li>• GI/Endoscopy Lab</li> <li>• Hospice</li> <li>• Imaging (<i>Inpatient, Outpatient, Bone Densitometry, Nuclear Medicine, CT Scanner, Lithotripsy, Mammography, Teleradiology, MRA, MRI</i>)</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• Intensive Care Unit</li> <li>• Laboratory (<i>Histology, Immunology, Microbiology, Transfusion</i>)</li> <li>• Occupational Medicine</li> <li>• Nutritional Counseling</li> <li>• Orthopaedic Unit</li> <li>• Rehabilitation (<i>PT, OT, Speech, Audiology</i>)</li> <li>• Sleep Lab</li> <li>• Sports Medicine Clinic</li> <li>• Surgery (<i>Inpatient, Outpatient, Infusion</i>)</li> <li>• Wellness Center</li> <li>• Women’s Pavilion (<i>LDRPs, NICU</i>)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Acute Care Rehabilitation Unit</li> <li>• Cancer Center (<i>Radiation/Medical Oncology</i>)</li> <li>• Cardiac (<i>Angiography, Open Heart, CCU, Telemetry, Cath Lab, Rehabilitation</i>)</li> <li>• Cardiopulmonary/Respiratory (<i>EKG, Pulmonary Function Lab</i>)</li> <li>• Dialysis (<i>Inpatient, Outpatient</i>)</li> <li>• Emergency Department</li> <li>• Geriatric Acute Care</li> <li>• GI/Endoscopy Lab</li> <li>• Hospice</li> <li>• Imaging (<i>Inpatient, Outpatient, Bone Densitometry, Nuclear Medicine, CT Scanner, Lithotripsy, Mammography, Teleradiology, MRA, MRI</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive Care Unit</li> <li>• Laboratory (<i>Histology, Immunology, Microbiology, Transfusion</i>)</li> <li>• Occupational Medicine</li> <li>• Nutritional Counseling</li> <li>• Orthopaedic Unit</li> <li>• Rehabilitation (<i>PT, OT, Speech, Audiology</i>)</li> <li>• Sleep Lab</li> <li>• Sports Medicine Clinic</li> <li>• Surgery (<i>Inpatient, Outpatient, Infusion</i>)</li> <li>• Wellness Center</li> <li>• Women’s Pavilion (<i>LDRPs, NICU</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Acute Care Rehabilitation Unit</li> <li>• Cancer Center (<i>Radiation/Medical Oncology</i>)</li> <li>• Cardiac (<i>Angiography, Open Heart, CCU, Telemetry, Cath Lab, Rehabilitation</i>)</li> <li>• Cardiopulmonary/Respiratory (<i>EKG, Pulmonary Function Lab</i>)</li> <li>• Dialysis (<i>Inpatient, Outpatient</i>)</li> <li>• Emergency Department</li> <li>• Geriatric Acute Care</li> <li>• GI/Endoscopy Lab</li> <li>• Hospice</li> <li>• Imaging (<i>Inpatient, Outpatient, Bone Densitometry, Nuclear Medicine, CT Scanner, Lithotripsy, Mammography, Teleradiology, MRA, MRI</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive Care Unit</li> <li>• Laboratory (<i>Histology, Immunology, Microbiology, Transfusion</i>)</li> <li>• Occupational Medicine</li> <li>• Nutritional Counseling</li> <li>• Orthopaedic Unit</li> <li>• Rehabilitation (<i>PT, OT, Speech, Audiology</i>)</li> <li>• Sleep Lab</li> <li>• Sports Medicine Clinic</li> <li>• Surgery (<i>Inpatient, Outpatient, Infusion</i>)</li> <li>• Wellness Center</li> <li>• Women’s Pavilion (<i>LDRPs, NICU</i>)</li> </ul>		

---

**St. Joseph Regional Health Center**

2801 Franciscan Dr.  
Bryan, TX 77802

- 310 licensed beds
- Level III Trauma Center
- Accredited by The Joint Commission, Lab Accreditation

- Acute
- Sports Medicine
- Cancer/Oncology
- Emergency Medical Services
- Express Walk-In Care
- Heart and Vascular Services
- Joint University
- Long Term Care
- Neuorsurgery
- Occupational Medicine
- Outpatient Services
- Physician Offices
  - *Family Medicine*
  - *Pediatrics*
  - *Central Texas ENT*
  - *Neurology*
  - *Orthopaedic Associates*
  - *Urology*
  - *Women's Services*
- Rehabilitation Services
- Sleep Center
- Stroke Services
- Surgical Weight Loss
- Therapy Services
- Wellness Programs
- Women's Services

---

**The Physicians Centre Hospital**

3131 University Drive East  
Bryan, TX 77802

- 16 beds

- 6 Operating Rooms
- 2 Endoscopy Suites
- Diagnostic Imaging, including: MRI, MRA, CT, Fluoroscopy, Mammography, and Ultrasound capabilities
- Diabetic Education Team
- Pathology, and Laboratory capabilities
- Inpatient Pharmacy Services
- Sports Medicine
- Bariatrics

## UTILIZATION DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

### Brazos County - Metro

<i>Hospital</i>	<i>Ownership</i>	<i>Days Open</i>	<i>Staffed Beds</i>	<i>Admissions</i>	<i>Inpatient Days</i>	<i>Medicare Inpatient Days</i>	<i>Medicaid Inpatient Days</i>	<i>Average Daily Census</i>	<i>Average Length of Stay</i>	<i>Staffed Occupancy Rate%</i>
<i>CHRISTUS Dubuis Hospital of Bryan</i>	<i>NP</i>	<i>365</i>	<i>18</i>	<i>197</i>	<i>5,077</i>	<i>4,225</i>	<i>0</i>	<i>13.9</i>	<i>25.8</i>	<i>77.3</i>
<i>College Station Medical Center</i>	<i>FP</i>	<i>365</i>	<i>141</i>	<i>6,334</i>	<i>22,831</i>	<i>9,767</i>	<i>5,219</i>	<i>62.6</i>	<i>3.6</i>	<i>44.4</i>
<i>St. Joseph Regional Health Center</i>	<i>NP</i>	<i>365</i>	<i>250</i>	<i>17,082</i>	<i>68,742</i>	<i>37,679</i>	<i>6,141</i>	<i>188.3</i>	<i>4.0</i>	<i>75.3</i>
<i>The Physicians Centre Hospital</i>	<i>FP</i>	<i>365</i>	<i>16</i>	<i>574</i>	<i>1,202</i>	<i>467</i>	<i>5</i>	<i>3.3</i>	<i>2.1</i>	<i>20.6</i>
<b>COUNTY TOTALS</b>		<b>365</b>	<b>425</b>	<b>24,187</b>	<b>97,852</b>	<b>52,138</b>	<b>11,365</b>	<b>268.1</b>	<b>4.0</b>	<b>63.1</b>

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database

## CHARITY CARE CHARGES AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

<i>Ownership</i>	<i>Bad Debt Charges</i>	<i>Charity Charges</i>	<i>Total UC Care</i>	<i>Net Patient Revenue</i>	<i>Gross Inpatient Revenue</i>	<i>Gross Outpatient Revenue</i>	<i>Total Gross Patient Revenue</i>	<i>UC Care as % of Gross Patient Revenue</i>
<i>CHRISTUS Dubuis Hospital of Bryan</i>	<i>\$36,656</i>	<i>\$36,611</i>	<i>\$73,267</i>	<i>\$5,867,074</i>	<i>\$14,445,831</i>	<i>\$0</i>	<i>\$14,445,831</i>	<i>0.5</i>
<i>College Station Medical Center</i>	<i>\$349,978,977</i>	<i>\$2,026,765</i>	<i>\$352,005,742</i>	<i>\$136,501,266</i>	<i>\$332,803,662</i>	<i>\$217,774,019</i>	<i>\$550,577,681</i>	<i>63.9</i>
<i>St. Joseph Regional Health Center</i>	<i>\$27,188,392</i>	<i>\$69,690,280</i>	<i>\$96,878,672</i>	<i>\$276,540,511</i>	<i>\$625,904,092</i>	<i>\$541,599,028</i>	<i>\$1,167,503,120</i>	<i>8.3</i>
<i>The Physicians Centre Hospital</i>	<i>\$908,674</i>	<i>\$0</i>	<i>\$908,674</i>	<i>\$17,064,595</i>	<i>\$17,306,871</i>	<i>\$41,661,057</i>	<i>\$58,967,928</i>	<i>1.5</i>
<b>COUNTY TOTALS</b>	<b>\$378,112,699</b>	<b>\$71,753,656</b>	<b>\$449,866,355</b>	<b>\$435,973,446</b>	<b>\$990,460,456</b>	<b>\$801,034,104</b>	<b>\$1,791,494,560</b>	<b>25.1</b>

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database

**Brazos County Health and Community Data**  
**DSHS Health Currents System**

[www.dshs.state.tx.us/chs/healthcurrents](http://www.dshs.state.tx.us/chs/healthcurrents)

<i>Hospital Resources</i>				
	<i>Year</i>	<i>Brazos County</i>	<i>Region 7</i>	<i>Texas</i>
<i>Acute Care Hospitals</i>	2009	4	57	553
<i>Psychiatric Hospitals</i>	2009	0	6	43
<i>Acute Care For-Profit Hospitals</i>	2009	0	18	279
<i>Acute Care Non-Profit Hospitals</i>	2009	2	33	151
<i>Acute Care Public Hospitals</i>	2009	0	6	123
<i>Beds Setup and Staffed for Acute Care</i>	2009	427	5,630	64,022
<i>Beds Setup and Staffed for Obstetrics Care</i>	2009	56	659	5,961
<i>Acute Care Licensed Beds</i>	2009	453	6,708	78,368
<i>Psychiatric Care Licensed Beds</i>	2009	0	652	5,450

<i>Health Occupations</i>				
	<i>Year</i>	<i>Brazos County</i>	<i>Region 7</i>	<i>Texas</i>
<i>Direct Care Physicians</i>	2010	395	5,185	41,191
<i>Primary Care Physicians</i>	2010	180	2,252	17,526
<i>Physician Assistants</i>	2010	41	622	4,943
<i>Registered Nurses</i>	2010	1218	19,024	176,498
<i>Licensed Vocational Nurses</i>	2010	476	7,690	71,141
<i>Nurse Practitioners</i>	2010	31	724	6,162
<i>Dentists</i>	2010	77	1,376	11,301
<i>Pharmacists</i>	2010	136	2,288	20,428
<i>Chiropractors</i>	2010	26	639	4,767
<i>Veterinarians</i>	2010	242	1,151	5,734
<i>EMS Personnel</i>	2010	602	7,779	56,381

<b>Ratio of 2009 Population per Health Care Professional</b>				
	<b>Year</b>	<b>Brazos County</b>	<b>Region 7</b>	<b>Texas</b>
<i>Direct Care Physicians Ratio</i>	2010	225.1	177.0	162.3
<i>Primary Care Physicians Ratio</i>	2010	102.6	76.9	69.1
<i>Physician Assistants Ratio</i>	2010	23.4	21.2	19.5
<i>Registered Nurses Ratio</i>	2010	694.0	649.5	695.6
<i>Licensed Vocational Nurses Ratio</i>	2010	271.2	262.5	280.4
<i>Nurse Practitioners Ratio</i>	2010	17.7	24.7	24.3
<i>Dentists Ratio</i>	2010	43.9	47.0	44.5
<i>Pharmacists Ratio</i>	2010	77.5	78.1	80.5
<i>Chiropractors Ratio</i>	2010	14.8	21.8	18.8
<i>Veterinarians Ratio</i>	2010	137.9	39.3	22.6
<i>EMS Personnel Ratio</i>	2010	343.0	265.6	222.2

<b>Health Insurance</b>				
	<b>Year</b>	<b>Brazos County</b>	<b>Region7</b>	<b>Texas</b>
<i>18 Years and Younger, Without Health Insurance</i>	2007	8,183	132,294	1,375,714
<i>18 Years and Younger, Without Health Insurance (%)</i>	2007	20.1%	17.3%	19.5%
<i>Younger than 65 Years, Without Health Insurance</i>	2007	55,812	611,604	5,765,126
<i>Younger than 65 Years, Without Health Insurance (%)</i>	2007	37.2%	24.7%	26.8%

<b>Socioeconomic Indicators</b>				
	<i>Year</i>	<i>Brazos County</i>	<i>Region 7</i>	<i>Texas</i>
<i>Average Monthly TANF Recipients</i>	<i>SFY2009</i>	<i>110</i>	<i>2,788</i>	<i>104,693</i>
<i>Average Monthly SNAP (food stamp) Participants</i>	<i>SFY2009</i>	<i>15,388</i>	<i>271,789</i>	<i>2,819,469</i>
<i>Unduplicated Medicaid Clients</i>	<i>SFY2009</i>	<i>26,690</i>	<i>476,113</i>	<i>4,760,721</i>
<i>Unemployment Rate</i>	<i>April 2012</i>	<i>5.1%</i>	<i>7.2%</i>	<i>8.2%</i>
<i>Per Capita Personal Income</i>	<i>2010</i>	<i>\$29,151</i>	<i>\$36,225</i>	<i>\$38,609</i>
<i>Average Monthly CHIP enrollment</i>	<i>FY2008</i>	<i>1,904</i>	<i>37,184</i>	<i>466,242</i>

<b>Poverty</b>				
	<i>Year</i>	<i>Brazos County</i>	<i>Region 7</i>	<i>Texas</i>
<i>Total Persons Living Below Poverty</i>	<i>2009</i>	<i>49,761</i>	<i>442,754</i>	<i>4,143,077</i>
<i>Total Persons Living Below Poverty (%)</i>	<i>2009</i>	<i>29.8%</i>	<i>15.9%</i>	<i>17.1%</i>
<i>Related Children 0-17 Years, Living Below Poverty</i>	<i>2009</i>	<i>9,226</i>	<i>144,890</i>	<i>1,655,085</i>
<i>Related Children 0-17 Years, Living Below Poverty (%)</i>	<i>2009</i>	<i>23.7%</i>	<i>20.3%</i>	<i>24.3%</i>
<i>18 Years and Over, Living Below Poverty</i>	<i>2009</i>	<i>40,535</i>	<i>297,864</i>	<i>2,487,992</i>
<i>18 Years and Over, Living Below Poverty (%)</i>	<i>2009</i>	<i>31.7%</i>	<i>14.4%</i>	<i>14.3%</i>

## Health Professional Shortage Area Designations – Brazos County

Source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>

- Primary Medical Care

HPSA Name	ID	Type	FTE	# Short	Score
<b>Western Brazos</b>	148999483Z	Geographical Area	10	5	9
C.T. 0002.01		Census Tract			
C.T. 0002.02		Census Tract			
C.T. 0004.00		Census Tract			
C.T. 0005.00		Census Tract			
C.T. 0009.00		Census Tract			
C.T. 0010.00		Census Tract			
<b>Brazos Valley Community Action</b>	148999485K	Comprehensive Health Center	1		8

- Dental

HPSA Name	ID	Type	FTE	# Short	Score
<b>Brazos Valley Community Action</b>	64899948A2	Comprehensive Health Center			12

- Mental Health

HPSA Name	ID	Type	FTE	# Short	Score
<b>Brazos</b>	748041	Single County	5	0	15
<b>Brazos Valley Community Action</b>	748999481Z	Comprehensive Health Center			16

# DRAFT DSRIP MENU

\*excluding proposed metrics

## Category 1: Infrastructure Development

### *Project Area 1: Expand Behavioral Health Access*

- |          |  |
|----------|--|
| <b>A</b> | Implement technology-assisted services (telemedicine, telephonic guidance) to support or deliver behavioral health.  |
|          | Develop individual health management strategies to address personal and social barriers impeding access to services.   |
| <b>B</b> | Provide an early 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.). |
| <b>C</b> | Enhance service availability (i.e., hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.  |
| <b>D</b> | Collaborate with community partners to explore and develop a long-term Crisis Intervention/Stabilization unit.   |
| <b>E</b> | Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., physicians, psychiatrists, psychologists LMSW, LRC, LMFT).                      |
| <b>F</b> | Expand residency training slots for psychiatrists, child psychiatrists, psychologists and mid-level behavioral health practitioners (LMSW, LPC, and LMFT).   |

### *Project Area 2: Expand Primary Care Access*

- |          |   |
|----------|---|
| <b>A</b> | Enhance service availability (hours, clinic locations, urgent care, transportation, mobile clinics) to appropriate levels of care.  |
| <b>B</b> | Develop a system for primary care provider recruitment and retention.   |
| <b>C</b> | Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., Nurse Practitioners, Physician Assistants, nurses, educators, etc.). |

### *Project Area 3: Expand Specialty Care Access*

- |          |   |
|----------|---|
| <b>A</b> | Enhance service availability (hours, clinic locations, transportation, and mobile clinics).                                 |
| <b>B</b> | Implement facilitated referral programs and excellent communication between primary care and other health care consultants. |
| <b>C</b> | Develop and expand use of telehealth to increase access to care in fields consistent with CMS and Accreditation Standards.  |
| <b>D</b> | Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas.                |

### *Project Area 4: Enhance Health Information Exchange and Health Information Technology for Performance Improvement and Reporting Capacity*

- |          |  |
|----------|--|
| <b>A</b> | Generate data reports to prioritize RHP decisions for quality improvement initiatives.   |
| <b>B</b> | Capture race, ethnicity and language as self-reported.   |
| <b>C</b> | Recruit and/or train staff to lead analyses (including data analytics, performance benchmarking, and implementation science) of population management and performance improvement methodologies. |
| <b>D</b> | Facilitate coordination of care by leveraging health information exchange.   |
| <b>E</b> | Screen patients for health literacy using evidenced-base tool.   |

### *Project Area 5: Implement and/or Expand Telehealth*

- |          |   |
|----------|---|
| <b>A</b> | Establish a telehealth program/network to provide additional health care services (i.e., home health, self-care, and translation services). |
| <b>B</b> | Use telehealth to deliver psychosocial and community-based nursing services to promote independence at home.                                |

## DRAFT DSRIP MENU

\*excluding proposed metrics

<b><i>Project Area 6: Implement Disease or Care Management Registry</i></b>	
<b>A</b>	Create longitudinal registry databases of health care utilization and services for patients with common chronic diseases and/or ambulatory sensitive conditions.
<b>B</b>	Collaborate with health departments to develop a longitudinal database of epidemiological data.
<b>C</b>	Use/Maintain the ImmTrac, Texas Immunization Registry.
<b><i>Project Area 7: Develop Patient Centered Medical Home Model Infrastructure</i></b>	
<b>A</b>	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/community.
<b>B</b>	Promote education and training for providers and patients related to the Patient-Centered Medical Home model.
<b><i>Project Area 8: Enhance Public Health Preventive Services</i></b>	
<b>A</b>	Enhance service availability (hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
<b><i>Project Area 9: Improve or Expand Emergency Medical Services</i></b>	
<b>A</b>	Reduce the transfer time from ED to ED by ambulance to 2 hours or less.
<b>A</b>	Reduce and eliminate the number of transfers by private vehicle from ED to ED.

## DRAFT DSRIP MENU

\*excluding proposed metrics

### Category 2: Program Innovation and Redesign

#### *Project Area 1: Reduce Potentially Preventable Admissions/ Readmissions (PPA/PPR)*

- A** Implement an evidence-based care coordination model in a target population.
- B** Implement post-discharge support for target population admitted to a hospital.
- C** Implement programs that link patients with multiple hospitalizations in one year to home/non-hospital resources that will reduce demand for inpatient care.

#### *Project Area 2: Test Financing Mechanisms for Providers*

- A** Create patient-directed wellness pilot that includes incentives, such as health navigation with flexible wellness accounts.

#### *Project Area 3: Develop Innovations in Health Promotion/ Disease Prevention*

- A** Formalize relationships and referrals to community partners that have capacity to promote wellness and healthy behaviors.
- B** Utilize community health workers (CHW) to expand access to health promotion and disease prevention behavior.
- C** Establish self-management education programs in community settings including self-enrollment in the program and appropriate follow-up with a health care professional.  
  
Engage in wellness at non-medical locations using CHWs.
- D** Engage in population-based campaigns or programs to promote healthy lifestyles using new media such as social media and text messaging in an identified targeted population.
- E** Implement a program to increase early enrollment in prenatal care.
- F** Implement evidenced-based strategies to reduce low birth weight and preterm birth.
- G** Implement evidenced-based strategies to reduce tobacco use.
- H** Implement evidence-based strategies to increase exclusive breast feeding.
- I** Implement evidence-based strategies to increase screenings for targeted populations.
- J** Implement prevalence testing for high risk diseases as determined by Public Health Authority.

#### *Project Area 4: Develop Innovation for Provider Training and Capacity*

- A** Implement an integrated multi-disciplinary care system to promote team-based care.
- B** Develop chronic care multi-disciplinary training programs for nurses, pharmacists, social workers, registered dietitians and physicians.

#### *Project Area 5: Enhance Behavioral Health Services*

- A** Develop care management function that integrates the primary and behavioral health needs of individuals.
- B** Co-locate primary and behavioral health care services.
- C** Provide telephonic psychiatric and clinical guidance to all participating primary care providers delivering services to behavioral patients regionally
- D** Establish post-discharge support for behavioral health/ substance abuse.
- E** Recruit, train and support consumers of mental health services to be providers of behavioral health services as volunteers, paraprofessionals or professionals within the system.

#### *Project Area 6: Innovate in Telehealth*

- A** Leverage state government agencies, industry, and other organizations to offer online education to rural physician offices.
- B** Provide psychosocial, clinical, and behavioral case management services to promote independence

## DRAFT DSRIP MENU

\*excluding proposed metrics

and patient self-management at home via telehealth delivered by case managers who are integrated into primary care practices.

### *Project Area 7: Innovate in Supportive Care*

- A** Create a sustainable supportive care program to improve the quality of life of patients living with chronic or terminal conditions and to further engage care providers in the clinical benefits of supportive care.
- B** Standardize supportive care -decision-making with evidence-based protocols and documented health records to ensure that patient preferences are discussed/recorded.
- C** Partner with community-based organizations to address pain and other supportive care issues with patients.

### *Project Area 8: Reduce Inappropriate Emergency Department (ED) Use*

- A** Establish ED care teams.
- B** Reduce ED visits by identifying frequent users' needs.
- C** Develop and implement triage protocol.

### *Project Area 9: Improve Patient Experience of Care*

- A** Survey patients using CAHPS Patient-Centered Medical Home (PCMH) Item Set.
- B** Survey patients using CAHPS Cultural Competence Item Set.

## DRAFT DSRIP MENU

\*excluding proposed metrics

### Category 3: Quality Improvements

#### *Project Area 1: Chronic Disease*

- A** Congestive Heart Failure
- B** Asthma
- C** HIV

#### *Project Area 2: Healthcare Acquired Conditions*

- A** Surgical Site Infections (SSI)
- B** MDROs/CDI
- C** Facility-acquired pressure ulcers

#### *Project Area 3: Perinatal Outcomes*

- A** Birth trauma
- B** Antenatal corticosteroid administration
- C** Non-medically indicated delivery < 39 weeks

#### *Project Area 4: Potentially Preventable Admissions/ Readmissions*

- A** Potentially Preventable Admissions/ Readmissions
- B** Behavioral Health - Potentially Preventable Admissions/ Readmissions

#### *Project Area 5: Emergency Care*

- A** Calculate baseline admit decision time to ED departure time for admitted patients.

## DRAFT DSRIP MENU

\*excluding proposed metrics

<b>Category 4: Population-based Improvements</b>	
<i>Project Area 1: At-risk Populations</i>	
<b>A</b>	Congestive Heart Failure
<b>B</b>	Diabetes
<i>Project Area 2: Preventive Health</i>	
<b>A</b>	Immunizations
<b>B</b>	Diabetes
<b>C</b>	Smoking cessation
<i>Project Area 3: Potentially Preventable Admissions/ Readmissions</i>	
<b>A</b>	Behavioral health & substance abuse
<b>B</b>	COPD
<b>C</b>	Diabetes
<b>D</b>	All-cause
<b>E</b>	Stroke
<b>F</b>	Congestive Heart Failure
<i>Project Area 4: Patient-Centered Health Care</i>	
<b>A</b>	Patient satisfaction
<b>B</b>	Medication management
<i>Project Area 5: Cost Utilization</i>	
<b>A</b>	Outpatient imaging
<i>Project Area 6: Emergency Department</i>	
<b>A</b>	Admit decision time to ED departure time

# DSRIP Pool – Funding Flow

