Region 17

Regional Healthcare Partnership

Madison County Planning Meeting
Monday, June 4, 2012
10:00 a.m. to 12:00 p.m.
Madison County Courthouse • Commissioners' Courtroom
101 West Main Street • Madisonville, 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**

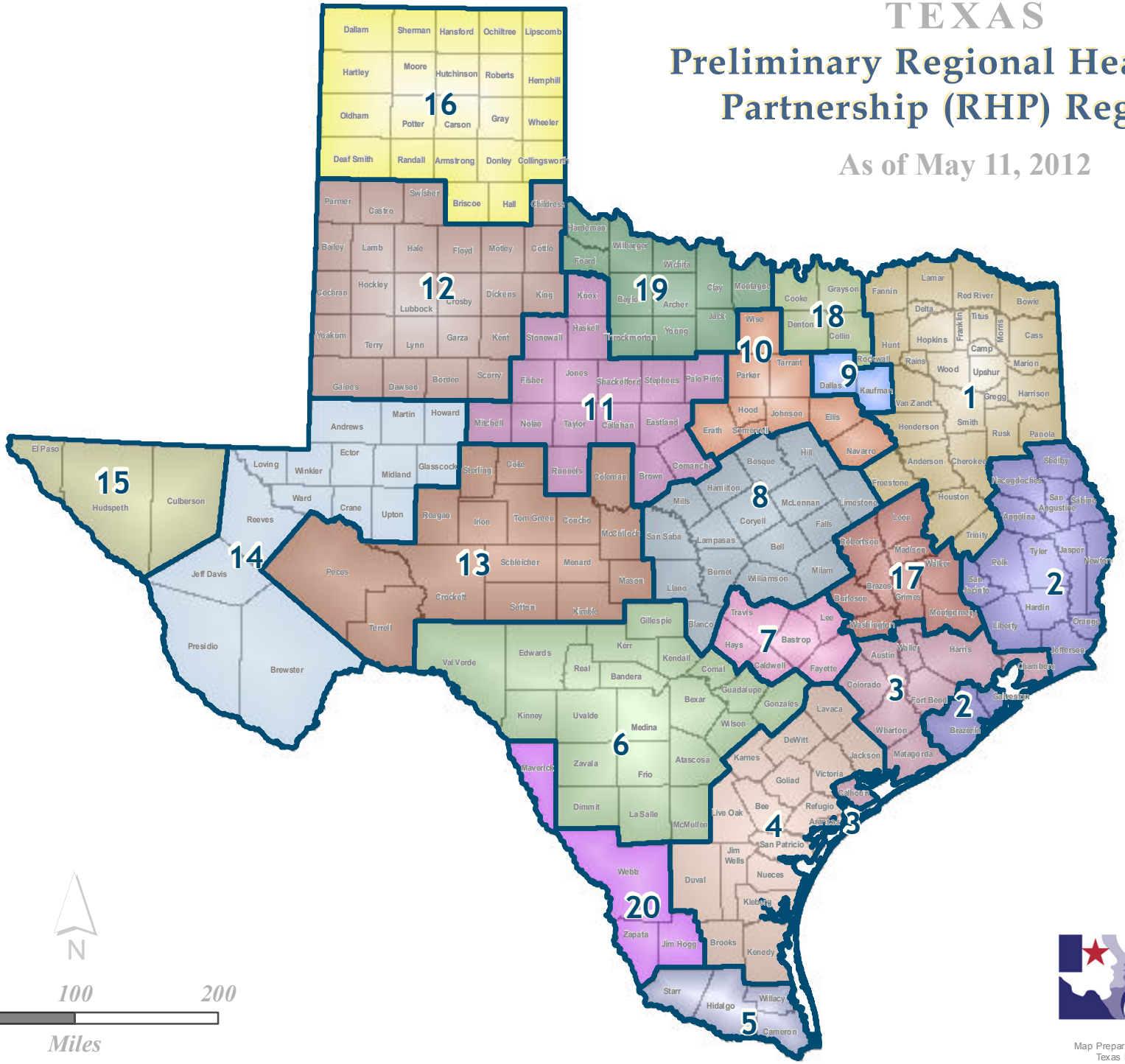
Meeting will be facilitated by Dr. Monica Wendel and Ms. Angie Alaniz

Texas A&M Health Science Center

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



TEXAS Health and Human Services Commission

Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission.
April 27, 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

Madison County Executive Summary

Madison County by the Numbers

Discussion Groups (CDGs): 5

Participants in CDGs: 72

Surveys Completed: 271

Survey Demographics

Age:

18-34 years: 40%

35-44 years: 17%

45-64 years: 25%

65 years and older: 18%

Race/Ethnicity:

White: 66%

Hispanic: 22%

Black: 9%

Native American: 1%

Multi-racial (non-Hispanic): 1%

Educational Attainment:

Less than high school: 18%

High School: 28%

More than high school: 54%

Employment Status:

Employed: 71%

Retired: 16%

Homemaker: 6%

Disabled: 6%

Unemployed: 3%

Poverty Status:

Below Poverty: 29%

Low-Income: 39%

Community Description

Residents describe Madison County as a rural, agricultural, family-oriented community with a small town feel where everyone knows everyone. Residents were said to be proud of their heritage, with community history having a strong influence, as well as the large faith community. While these characteristics pervade the county, residents also highlighted that communities within the county are distinct and have their own unique identities. These communities were described as being generous and diverse, with some having large populations of retirees and older adults. Many of the community activities are seen as revolving around local schools. Finally, some perceived parts of Madison County as "bedroom communities," where residents lived there but worked and participated in social activities elsewhere.

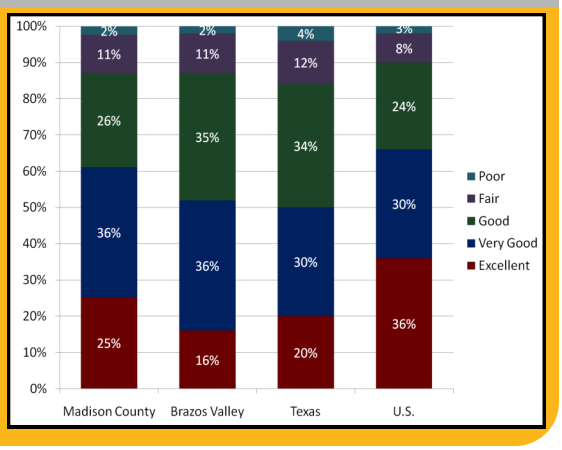
Community Issues

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

- Downturn in the economy; unemployment; poverty
- Lack of reliable, affordable public transportation
- Lack of affordable housing
- Growing older adult population; inadequate resources and services to meet their needs
- Large population of undocumented residents; difficult to get them the services they need
- Poor communication among agencies and leaders; fragmented service delivery
- Lack of recreational activities
- Teen pregnancy
- Alcohol and substance abuse
- Food insecurity—especially for children and older adults

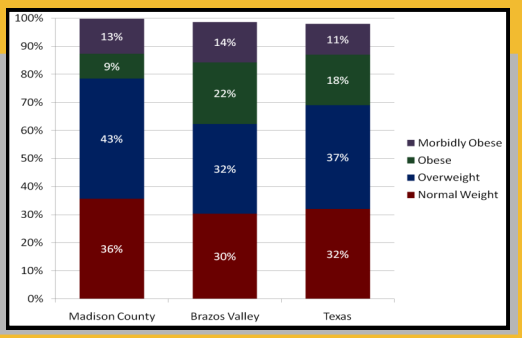
Health Status

In Madison County, 25.2 percent of survey respondents indicated their health was *excellent*, 35.9 percent said their health was *very good*, and 25.9 percent reported their health as *good*. In contrast, 10.7 percent indicated their health was *fair*, and 2.2 percent said their health was *poor*. Madison County has a higher proportion of residents reporting excellent health than the region and the State.



Obesity

In Madison County, only 35.7 percent of residents were assessed to be at a *normal weight* for their height. The majority of survey respondents were *overweight* or *obese*; close to one-half were *overweight* (42.8%), nearly one in ten was *obese* (8.8%), and alarmingly, 12.5 percent were *morbidly obese*. 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	64.1%
Hypertension	29.0%
High Cholesterol	23.6%
Arthritis/Rheumatism	18.2%
Inflammatory Bowel Disease	17.8%
Depression	11.0%

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 Madison County survey respondents are listed in the table at left. Of the seven counties, Madison County reported the lowest rates of depression, anxiety, and asthma in the region. However, Madison County had the highest rate of inflammatory bowel disease (ulcerative colitis) in the region at 17.8 percent—more than eight times the regional rate (2.1%).

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 Madison County, the top 10 issues that emerged were (in order of perceived severity):

1. Poor or inconvenient public transportation (35.%%)
2. Illegal drug use (39.2%)
3. Lack of recreational and cultural activities (32.5%)
4. Alcohol abuse (29.6%)
5. Property crime (19.9%)
6. Racism (24.9%)
7. Access to safe places for physical activity (22.5%)
8. Violent crime besides domestic/child abuse (22.0%)
9. Access to dental services (20.8%)
10. Lack of jobs for unskilled workers (19.3%)

Community Advice

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

- **Work through established efforts**. Residents were clear that emphasis should be placed on building on existing momentum rather than starting new initiatives. Encouraging collaboration and growing the Madison Health Resource Center were directives offered at several discussion groups.
- **Engage leaders.** Building leadership was deemed important, but residents also highlighted the importance of engaging existing leaders, particularly through the churches in efforts to address local issues.
- **Communicate early and often**. Madison County discussion group participants felt that communication was a key issue that needed to be addressed (and that could be remedied). Residents recommended having a clear message and communicating regularly with leaders, organizations, and residents.
- **Help bring in resources**. As the economy takes its toll on the communities of Madison County, many felt that efforts should focus on bringing in new resources to the community—resources that would be sustainable.
- **Follow through**. With substantial experience in gaining and losing services, Madison County residents were clear that they desired anyone working with the community to follow through on their commitments. Sustainability was emphasized as absolutely crucial for gaining local support and to achieve success.

The full report is available at http://www.cchd.us/.

State & County QuickFacts

Madison County, Texas

People QuickFacts	Madison County	Texas
Population, 2011 estimate	NA	25,674,681
Population, 2010	13,664	25,145,561
Population, percent change, 2000 to 2010	5.6%	20.6%
Population, 2000	12,940	20,851,820
Persons under 5 years, percent, 2010	6.0%	7.7%
Persons under 18 years, percent, 2010	22.0%	27.3%
Persons 65 years and over, percent, 2010	13.9%	10.3%
Female persons, percent, 2010	42.4%	50.4%
White persons, percent, 2010 (a)	67.0%	70.4%
Black persons, percent, 2010 (a)	19.9%	11.8%
American Indian and Alaska Native persons, percent, 2010 (a)	0.5%	0.7%
Asian persons, percent, 2010 (a)	0.6%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.1%
Persons reporting two or more races, percent, 2010	1.7%	2.7%
Persons of Hispanic or Latino origin, percent, 2010 (b)	19.7%	37.6%
White persons not Hispanic, percent, 2010	58.8%	45.3%
Living in same house 1 year & over, 2006-2010	89.8%	81.5%
Foreign born persons, percent, 2006-2010	7.7%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	21.3%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	78.2%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	11.5%	25.8%
Veterans, 2006-2010	746	1,635,367
Mean travel time to work (minutes), workers age 16+, 2006-2010	24.2	24.8
Housing units, 2010	5,096	9,977,436
Homeownership rate, 2006-2010	79.4%	64.8%
Housing units in multi-unit structures, percent, 2006-2010	3.6%	24.1%
Median value of owner-occupied housing units, 2006-2010	$84,700	$123,500
Households, 2006-2010	3,592	8,539,206
Persons per household, 2006-2010	2.84	2.78
Per capita money income in past 12 months (2010 dollars) 2006-2010	$14,245	$24,870
Median household income 2006-2010	$37,207	$49,646
Persons below poverty level, percent, 2006-2010	20.4%	16.8%

Business QuickFacts	Madison County	Texas
Private nonfarm establishments, 2009	205	519,028[2]

Private nonfarm employment, 2009	1,893	8,925,096[2]
Private nonfarm employment, percent change 2000-2009	1.0%	11.2%[2]
Nonemployer establishments, 2009	877	1,844,130
Total number of firms, 2007	S	2,164,852
Black-owned firms, percent, 2007	S	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.9%
Asian-owned firms, percent, 2007	S	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	S	0.1%
Hispanic-owned firms, percent, 2007	S	20.7%
Women-owned firms, percent, 2007	S	28.2%
Manufacturers shipments, 2007 ($1000)	0[1]	593,541,502
Merchant wholesaler sales, 2007 ($1000)	31,907	424,238,194
Retail sales, 2007 ($1000)	178,851	311,334,781
Retail sales per capita, 2007	$13,503	$13,061
Accommodation and food services sales, 2007 ($1000)	13,114	42,054,592
Building permits, 2010	19	88,461
Federal spending, 2009	74,545	216,379,449[2]

Geography QuickFacts	Madison County	Texas
Land area in square miles, 2010	466.07	261,231.71
Persons per square mile, 2010	29.3	96.3
FIPS Code	313	48
Metropolitan or Micropolitan Statistical Area	None	

1: Counties with 500 employees or less are excluded.
2: 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 16:58:22 EST

County Health Rankings & Roadmaps
A Healthier Nation, County by County

	Madison County	Error Margin	National Benchmark*	Texas	Rank (of 221)
Health Outcomes					**87**
Mortality					**84**
Premature death	8,061	6,519-9,603	5,466	7,186	
Morbidity					**108**
Poor or fair health			10%	19%	
Poor physical health days			2.6	3.6	
Poor mental health days			2.3	3.3	
Low birthweight	8.2%	6.5-9.8%	6.0%	8.2%	
Health Factors					**156**
Health Behaviors					**143**
Adult smoking			14%	19%	
Adult obesity	31%	24-39%	25%	29%	
Physical inactivity	27%	20-35%	21%	25%	
Excessive drinking			8%	16%	
Motor vehicle crash death rate	28	17-39	12	17	
Sexually transmitted infections	262		84	435	
Teen birth rate	63	53-73	22	63	
Clinical Care					**181**
Uninsured	34%	31-37%	11%	26%	
Primary care physicians	3,307:1		631:1	1,050:1	
Preventable hospital stays	86	72-101	49	73	
Diabetic screening	80%	67-93%	89%	81%	
Mammography screening	61%	47-74%	74%	62%	
Social & Economic Factors					**142**
High school graduation	96%			84%	
Some college	33%	25-41%	68%	56%	
Unemployment	7.9%		5.4%	8.2%	
Children in poverty	30%	22-38%	13%	26%	
Inadequate social support			14%	23%	
Children in single-parent households	37%	27-47%	20%	32%	
Violent crime rate	405		73	503	
Physical Environment					**113**
Air pollution-particulate matter days	0		0	1	
Air pollution-ozone days	0		0	18	
Access to recreational facilities	0		16	7	
Limited access to healthy foods	5%		0%	12%	
Fast food restaurants	53%		25%	53%	

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

2012

Note: Blank values reflect unreliable or missing data

Madison County Health Environment Notes & Related Data

Madison County Health Clinics

Name/Location	Providers	Type of Facility
Madison County Community Health Clinic 813 State Street, Suite 105 Madisonville, TX 778864	**1 PA** **1 OB/GYN** (1 day/week)	**FQHC**
Madison St. Joseph Health Center 100 West Cross Street Madisonville, TX 77864		**Critical Access Hospital** *Emergency Care* *Imaging & Radiology* *Inpatient Care* *Laboratory Services* *Physical Therapy*
Mary Helen Morrow, M.D. 604 South Madison Madisonville, TX 77864	**1 Family Practice MD** **3 days/week** **Occasional Saturdays**	**Private Family Practice** *Open MWF 8-5; some Saturdays* *Does not accept any type of insurance or coverage*
St. Joseph J.B. Heath Clinic 100 West Cross Street Madisonville, TX 77864	**3 Family Practice MDs** **1 PA** **1 OB/GYN – 1 day/week** **1 Allergist – 1 day/month** (Shot Clinic 2 days/month)	**RHC** ***Plans are to merge with Madison Co. CHC in Spring 2012***
Huntsville Memorial/Memorial Hermann		***Urgent care facility expected to open in Madisonville in 2012; Possible stand-alone ER could open in 2012 on I-45 in Madisonville***

Madison St. Joseph Health Center

100 W. Cross Street * Madisonville, Texas

Madison St. Joseph Health Center (MSJHC) is a 25- bed critical access hospital in Madisonville, Texas offering a Level IV Trauma Center, inpatient and outpatient services. The hospital was established by Madison County and has been an integral part of the community since its inception. St. Joseph owns and operates MSJHC, which serves Madison and the surrounding counties. MSJHC is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Hospital Services

- Emergency Care
- Imaging & Radiology
- Inpatient Care
- Laboratory Services
- Physical Therapy

UTILIZATION DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

Madison St. Joseph Health Center

Metro-Status	*Ownership*	*Days Open*	*Staffed Beds*	*Admissions*	*Inpatient Days*	*Medicare Inpatient Days*	*Medicaid Inpatient Days*	*Average Daily Census*	*Average Length of Stay*	*Staffed Occupancy Rate%*
Non-metro	*NP*	*365*	*25*	*467*	*2499*	*2191*	*88*	*6.8*	*5.4*	*27.4*

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

Madison St. Joseph Health Center

Ownership	*Bad Debt Charges*	*Charity Charges*	*Total UC Care*	*Net Patient Revenue*	*Gross Inpatient Revenue*	*Gross Outpatient Revenue*	*Total Gross Patient Revenue*	*UC Care as % of Gross Patient Revenue*
NP	*$4,365,644*	*$760,441*	*$5,126,085*	*$13,669,648*	*$8,360,392*	*$27,847,738*	*$36,208,130*	*14.2*

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

Madison County Health and Community Data
DSHS Health Currents System
www.dshs.state.tx.us/chs/healthcurrents

Hospital Resources				
	Year	*Madison County*	*Region 7*	*Texas*
Acute Care Hospitals	*2009*	*1*	*57*	*553*
Psychiatric Hospitals	*2009*	*0*	*6*	*43*
Acute Care For-Profit Hospitals	*2009*	*0*	*18*	*279*
Acute Care Non-Profit Hospitals	*2009*	*1*	*33*	*151*
Acute Care Public Hospitals	*2009*	*0*	*6*	*123*
Beds Setup and Staffed for Acute Care	*2009*	*25*	*5,630*	*64,022*
Beds Setup and Staffed for Obstetrics Care	*2009*	*0*	*659*	*5,961*
Acute Care Licensed Beds	*2009*	*25*	*6,708*	*78,368*
Psychiatric Care Licensed Beds	*2009*	*0*	*652*	*5,450*

Health Occupations				
	Year	*Madison County*	*Region 7*	*Texas*
Direct Care Physicians	*2010*	*7*	*5,185*	*41,191*
Primary Care Physicians	*2010*	*6*	*2,252*	*17,526*
Physician Assistants	*2010*	*2*	*622*	*4,943*
Registered Nurses	*2010*	*42*	*19,024*	*176,498*
Licensed Vocational Nurses	*2010*	*50*	*7,690*	*71,141*
Nurse Practitioners	*2010*	*3*	*724*	*6,162*
Dentists	*2010*	*3*	*1,376*	*11,301*
Pharmacists	*2010*	*7*	*2,288*	*20,428*
Chiropractors	*2010*	*2*	*639*	*4,767*
Veterinarians	*2010*	*9*	*1,151*	*5,734*
EMS Personnel	*2010*	*23*	*7,779*	*56,381*

Ratio of 2009 Population per Health Care Professional				
	Year	Madison County	Region 7	Texas
Direct Care Physicians Ratio	2010	48.3	177.0	162.3
Primary Care Physicians Ratio	2010	41.4	76.9	69.1
Physician Assistants Ratio	2010	13.8	21.2	19.5
Registered Nurses Ratio	2010	289.8	649.5	695.6
Licensed Vocational Nurses Ratio	2010	344.9	262.5	280.4
Nurse Practitioners Ratio	2010	20.7	24.7	24.3
Dentists Ratio	2010	20.7	47.0	44.5
Pharmacists Ratio	2010	48.3	78.1	80.5
Chiropractors Ratio	2010	13.8	21.8	18.8
Veterinarians Ratio	2010	62.1	39.3	22.6
EMS Personnel Ratio	2010	158.7	265.6	222.2

Health Insurance				
	Year	Madison County	Region 7	Texas
18 Years and Younger, Without Health Insurance	2007	605	132,294	1,375,714
18 Years and Younger, Without Health Insurance (%)	2007	21.4%	17.3%	19.5%
Younger than 65 Years, Without Health Insurance	2007	2,505	611,604	5,765,126
Younger than 65 Years, Without Health Insurance (%)	2007	28.8%	24.7%	26.8%

Socioeconomic Indicators				
	Year	Madison County	Region 7	Texas
Average Monthly TANF Recipients	SFY2009	10	2,788	104,693
Average Monthly SNAP (food stamp) Participants	SFY2009	1,750	271,789	2,819,469
Unduplicated Medicaid Clients	SFY2009	2,825	476,113	4,760,721
Unemployment Rate	2010	7.9%	7.2%	8.2%
Per Capita Personal Income	2010	$25,228	$36,225	$38,609
Average Monthly CHIP enrollment	FY2008	156	37,184	466,242

Poverty				
	Year	Madison County	Region 7	Texas
Total Persons Living Below Poverty	2009	2,724	442,754	4,143,077
Total Persons Living Below Poverty (%)	2009	25.9%	15.9%	17.1%
Related Children 0-17 Years, Living Below Poverty	2009	829	144,890	1,655,085
Related Children 0-17 Years, Living Below Poverty (%)	2009	30.2%	20.3%	24.3%
18 Years and Over, Living Below Poverty	2009	1,895	297,864	2,487,992
18 Years and Over, Living Below Poverty (%)	2009	24.4%	14.4%	14.3%

Health Professional Shortage Area Designations – Madison County

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

- Primary Medical Care – Low-income Population Group, Single County
- Dental – No HPSAs in this county
- Mental Health – Single County

Madison County
POTENTIALLY PREVENTABLE HOSPITALIZATIONS
www.dshs.state.tx.us/ph

From 2005-2010, adult residents (18+) of **Madison County** received **$26,970,188** 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 **Madison County**	**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	43	43	53	72	46	59	316	$24,120	$7,622,028	$715
Dehydration	15	8	7	11	0	10	51	$12,834	$654,532	$61
Urinary Tract Infection	27	23	27	28	33	36	174	$18,173	$3,162,075	$297
Angina (without procedures)	6	0	0	0	0	0	0	$0	$0	$0
Congestive Heart Failure	37	35	53	41	45	46	257	$27,702	$7,119,351	$668
Hypertension (High Blood Pressure)	0	5	8	5	11	5	34	$19,040	$647,347	$61
Asthma	8	9	8	8	13	8	54	$21,459	$1,158,771	$109
Chronic Obstructive Pulmonary Disease	24	15	25	30	32	45	171	$24,755	$4,233,091	$397
Diabetes Short-term Complications	7	6	5	6	9	0	33	$19,016	$627,527	$59
Diabetes Long-term Complications	20	7	11	7	11	0	56	$31,169	$1,745,466	$164
TOTAL	**187**	**151**	**197**	**208**	**200**	**209**	**1,146**	**$23,534**	**$26,970,188**	**$2,529**

Source: Center for Health Statistics, Texas Department of State Health Services
The number of hospitalizations is likely greater than what is reported, because there is no hospital in the county or the hospital(s) is not required to report data to DSHS.
Annual hospitalizations less than 5 and hospitalizations less than 30 for 2005-2010 are reported as 0.

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.

DRAFT DSRIP MENU

*excluding proposed metrics

Category 1: Infrastructure Development	
Project Area 1: Expand Behavioral Health Access	
A	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	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.).
C	Enhance service availability (i.e., hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
D	Collaborate with community partners to explore and develop a long-term Crisis Intervention/Stabilization unit.
E	Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., physicians, psychiatrists, psychologists LMSW, LRC, LMFT).
F	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	
A	Enhance service availability (hours, clinic locations, urgent care, transportation, mobile clinics) to appropriate levels of care.
B	Develop a system for primary care provider recruitment and retention.
C	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	
A	Enhance service availability (hours, clinic locations, transportation, and mobile clinics).
B	Implement facilitated referral programs and excellent communication between primary care and other health care consultants.
C	Develop and expand use of telehealth to increase access to care in fields consistent with CMS and Accreditation Standards.
D	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	
A	Generate data reports to prioritize RHP decisions for quality improvement initiatives.
B	Capture race, ethnicity and language as self-reported.
C	Recruit and/or train staff to lead analyses (including data analytics, performance benchmarking, and implementation science) of population management and performance improvement methodologies.
D	Facilitate coordination of care by leveraging health information exchange.
E	Screen patients for health literacy using evidenced-base tool.
Project Area 5: Implement and/or Expand Telehealth	
A	Establish a telehealth program/network to provide additional health care services (i.e., home health, self-care, and translation services).
B	Use telehealth to deliver psychosocial and community-based nursing services to promote independence at home.

DRAFT DSRIP MENU

*excluding proposed metrics

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

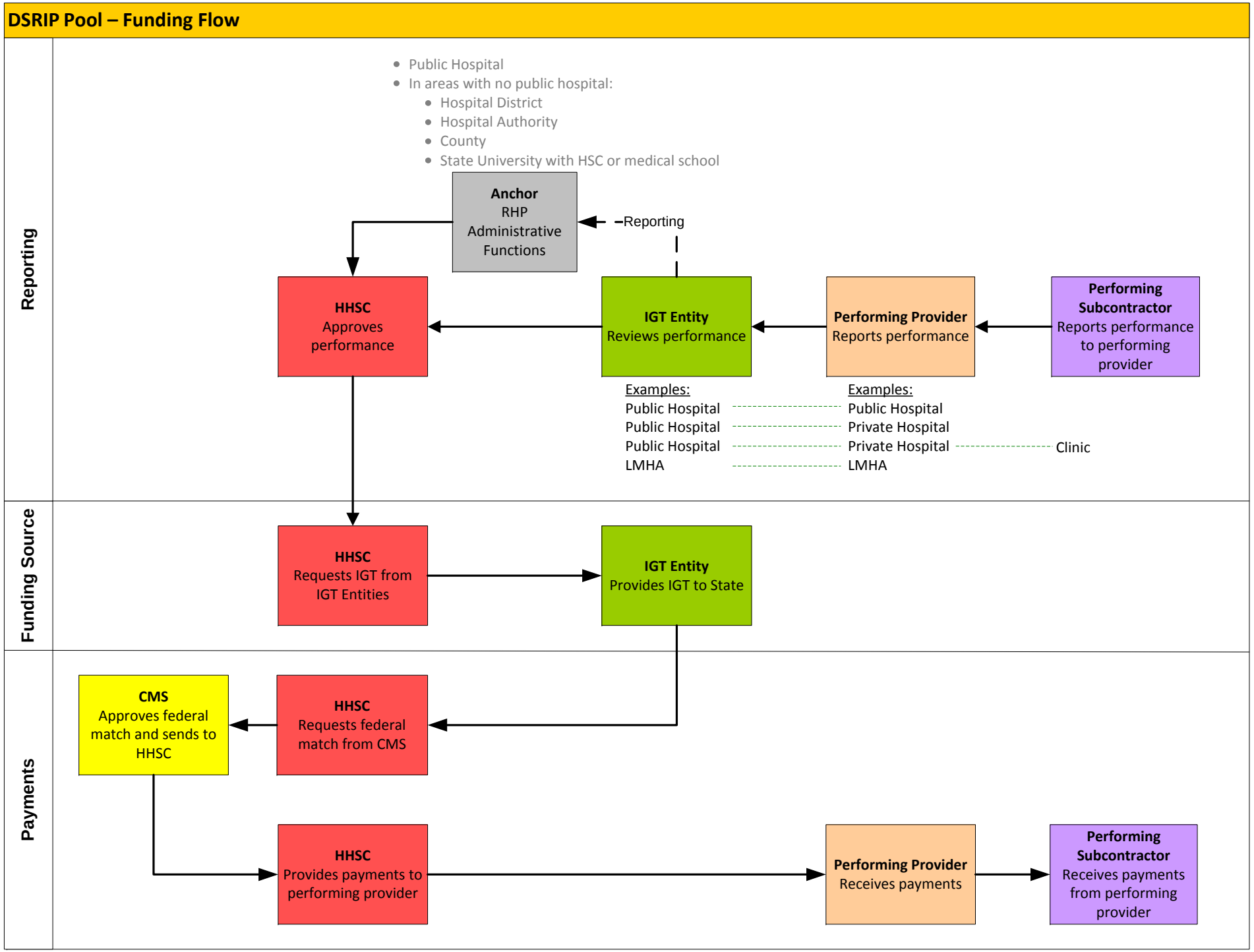
Category 2: Program Innovation and Redesign	
Project Area 1: Reduce Potentially Preventable Admissions/ Readmissions (PPA/PPR)	
A	Implement an evidence-based care coordination model in a target population.
B	Implement post-discharge support for target population admitted to a hospital.
C	Implement programs 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

	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.

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.

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

DSRIP Pool – Funding Flow



Draft as of 04/02/12