Region 17

Regional Healthcare Partnership

Robertson County Planning Meeting
Tuesday, June 5, 2012
9:00 a.m. to 11:00 a.m.
District Court, 3rd Floor
County Annex Building • Franklin, Texas 77856

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

Regional Healthcare Partnership (RHP) Regions
May 30, 2012

N

0   100   200
Miles

TEXAS
Health and Human
Services Commission

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. Gonzales
8. Jackson
9. Jim Wells
10. Karnes
11. Kenedy
12. Kleberg
13. Lavaca
14. Live Oak
15. Nueces
16. Refugio
17. San Patricio
18. 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. Guadalupe
10. Kendall
11. Kerr
12. Kinney
13. La Salle
14. McMullen
15. Medina
16. Real
17. Uvalde
18. Val Verde
19. Wilson
20. Zavala

RHP 7
1. Bastrop
2. Caldwell
3. Fayette
4. Hays
5. Lee
6. Travis

RHP 8
1. Bell
2. Blanco
3. Burnet
4. Lampasas
5. Llano
6. Milam
7. Mills
8. San Saba
9. 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. Shackelford
13. Stephens
14. Stonewall
15. Taylor

RHP 12
1. Armstrong
2. Bailey
3. Borden
4. Briscoe
5. Carson
6. Castro
7. Childress
8. Cochran
9. Collingsworth
10. Cottle
11. Crosby
12. Dallam
13. Dawson
14. Deaf Smith
15. Dickens
16. Donley
17. Floyd
18. Gaines
19. Garza
20. Gray
21. Hale
22. Hall
23. Hansford
24. Hartley
25. Hemphill
26. Hockley
27. Hutchinson
28. Kent
29. King
30. Lamb
31. Lipscomb
32. Lubbock
33. Lynn
34. Moore
35. Motley
36. Ochiltree
37. Oldham
38. Parmer
39. Potter
40. Randall
41. Roberts
42. Scurry
43. Sherman
44. Swisher
45. Terry
46. Wheeler
47. 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. Runnels
13. Schleicher
14. Sterling
15. Sutton
16. Terrell
17. Tom Green

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

RHP 15
1. El Paso
2. Hudspeth

RHP 16
1. Bosque
2. Coryell
3. Falls
4. Hamilton
5. Hill
6. Limestone
7. McLennan

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. Denton
3. Grayson
4. Rockwall

RHP 19
1. Archer
2. Baylor
3. Clay
4. Cooke
5. Foard
6. Hardeman
7. Jack
8. Montague
9. Throckmorton
10. Wichita
11. Wilbarger
12. Young

RHP 20
1. Jim Hogg
2. Maverick
3. Webb
4. Zapata

Robertson County Executive Summary

Robertson County by the Numbers:

Discussion Groups (CDGs): 8

Participants in CDGs: 47

Surveys Completed: 359

Survey Demographics

Age:

18-34 years: 26%

35-44 years: 18%

45-64 years: 32%

65 years and older: 24%

Race/Ethnicity:

White: 78%

Hispanic: 13%

Black: 8%

Multi-racial (non-Hispanic): 1%

Educational Attainment:

Less than high school: 5%

High School: 37%

More than high school: 58%

Employment Status:

Employed: 57%

Retired: 25%

Homemaker: 9%

Disabled: 9%

Unemployed: 4%

Poverty Status:

Below Poverty: 11%

Low-Income: 28%

Community Description

Across Robertson County, residents described their community as a rural, small-town atmosphere with access to amenities in nearby bigger cities. For many, Robertson County serves as a "bedroom community" where residents live in the county but work and participate in activities elsewhere. Several residents described the atmosphere as a picture of a preserved rural life—close knit and very conservative with a strong religious influence. Although rural and close knit within communities, discussion group participants from all over the county pointed out the four distinct communities within the county and that there was clear division among them. Franklin was perceived to be growing, with good schools and a strong child and family focus. Bremond residents were described as keeping to themselves. Hearne and Calvert residents expressed concerns over the impact of the economy on their communities, particularly unemployment and the resulting financial struggles.

Community Issues

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

- Persistent poverty, unemployment, inability to meet basic needs
- Divisions in the community—by place, by race, by socioeconomic status
- Growing population of uninsured; poor access to health care
- Lack of reliable, affordable public transportation
- Obesity and related diseases such as diabetes and hypertension
- Teen pregnancy, domestic violence, substance abuse
- Poor communication; lack of communication infrastructure
- Growing older adult population, not enough services for elderly and disabled
- Limited recreational activities for young people

Health Status

In Robertson County, 13.6 percent of respondents indicated their health was *excellent*, 37.1 percent said their health was *very good*, and 29.9 percent said their health was *good*. In contrast, 15.0 percent indicated their health was *fair*, and 4.5 percent said their health was *poor*. Robertson County residents are less likely to report *excellent* health status than Texas and the U.S.
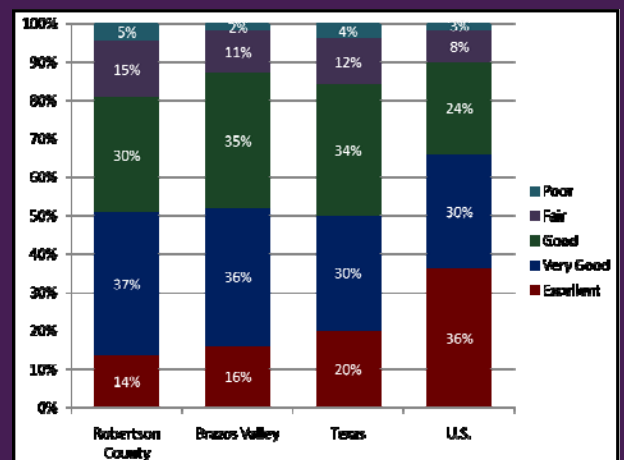
Obesity

In Robertson County, only 32.2 percent of residents were assessed to be at a *normal weight* for their height. The majority of survey respondents were *overweight* or *obese*; over one-third were *overweight* (34.1%), 14.9% were *obese*, and alarmingly, 17.5 percent were *morbidly obese*.

Robertson County residents were more likely to be *morbidly obese* than the region and the State. Given the number and types of conditions that are related to obesity, these statistics are cause for alarm in this community.
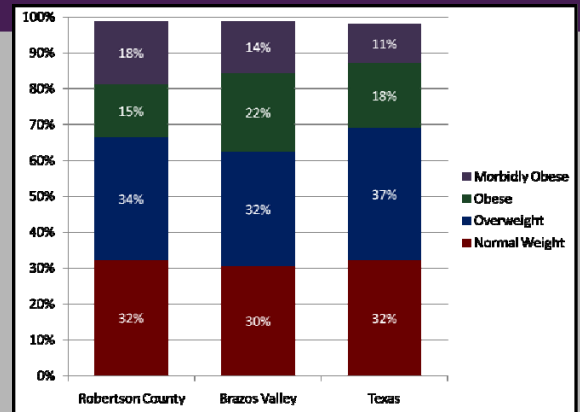
Chronic Disease

Chronic Disease	Percentage
Overweight/Obesity	66.5%
Hypertension	41.1%
High Cholesterol	38.8%
Arthritis/Rheumatism	29.5%
Depression	21.9%
Anxiety	18.6%

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 Robertson County survey respondents are listed in the table at left. Of the seven counties in the region, Robertson County reported the highest rates of a number of chronic diseases common among older adults, including *high cholesterol, depression, arthritis, liver diseases,* and *congestive heart failure*.

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

1. Poor or inconvenient public transportation (53.4%)
2. Lack of jobs for unskilled workers (39.9%)
3. Lack of recreational and cultural activities (36.1%)
4. Illegal drug use (35.4%)
5. Unemployment (35.1%)

6. Access to mental health services (27.2%)
7. Teen pregnancy (26.3%)
8. Access to safe places to exercise (26%)
9. Poverty (24.8%)
10. Access to dental services (24%)

Community Advice

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

- **Be clear about what you are doing**. With a long history of communication difficulties throughout the county, residents advised anyone wanting to work in the community to have a clear message and to communicate with all stakeholders in the community from the planning stages forward.
- **Build community trust**. Given the persistent divisions in Robertson County—by city, by socioeconomic status, by race—discussion group participants made clear the imperative to spend time establishing relationships in order to build trust. It is evident that this is critical to the success of any efforts in Robertson County.
- **Bring leaders together**. Discussion group participants emphasized that the leaders in each community were different, and that one should find out who the perceived leaders are in each community and bring them together. The positional leaders were also deemed essential, including the county judge and commissioners, and local mayors.
- **Catch people where they are**. Although stated in different ways, the recommendation was essentially to meet people where they are—particularly through the churches and the schools. This was seen as the only possibility of engendering widespread community participation.

Robertson County, Texas

People QuickFacts	Robertson County	Texas
Population, 2011 estimate	NA	25,674,681
Population, 2010	16,622	25,145,561
Population, percent change, 2000 to 2010	3.9%	20.6%
Population, 2000	16,000	20,851,820
Persons under 5 years, percent, 2010	7.0%	7.7%
Persons under 18 years, percent, 2010	25.3%	27.3%
Persons 65 years and over, percent, 2010	16.7%	10.3%
Female persons, percent, 2010	50.5%	50.4%
White persons, percent, 2010 (a)	67.7%	70.4%
Black persons, percent, 2010 (a)	21.6%	11.8%
American Indian and Alaska Native persons, percent, 2010 (a)	0.6%	0.7%
Asian persons, percent, 2010 (a)	0.6%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.0%	0.1%
Persons reporting two or more races, percent, 2010	2.0%	2.7%
Persons of Hispanic or Latino origin, percent, 2010 (b)	18.0%	37.6%
White persons not Hispanic, percent, 2010	59.1%	45.3%
Living in same house 1 year & over, 2006-2010	86.9%	81.5%
Foreign born persons, percent, 2006-2010	6.1%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	13.4%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	76.6%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	15.8%	25.8%
Veterans, 2006-2010	1,348	1,635,367
Mean travel time to work (minutes), workers age 16+, 2006-2010	24.8	24.8
Housing units, 2010	8,484	9,977,436
Homeownership rate, 2006-2010	66.9%	64.8%
Housing units in multi-unit structures, percent, 2006-2010	10.6%	24.1%
Median value of owner-occupied housing units, 2006-2010	$77,300	$123,500
Households, 2006-2010	6,232	8,539,206
Persons per household, 2006-2010	2.61	2.78
Per capita money income in past 12 months (2010 dollars) 2006-2010	$21,113	$24,870
Median household income 2006-2010	$38,393	$49,646
Persons below poverty level, percent, 2006-2010	21.2%	16.8%

Business QuickFacts	Robertson County	Texas
Private nonfarm establishments, 2009	253	519,028[2]

Private nonfarm employment, 2009	2,469	8,925,096[2]
Private nonfarm employment, percent change 2000-2009	17.4%	11.2%[2]
Nonemployer establishments, 2009	1,208	1,844,130
Total number of firms, 2007	1,000	2,164,852
Black-owned firms, percent, 2007	S	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	F	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	S	20.7%
Women-owned firms, percent, 2007	29.7%	28.2%
Manufacturers shipments, 2007 ($1000)	0[1]	593,541,502
Merchant wholesaler sales, 2007 ($1000)	D	424,238,194
Retail sales, 2007 ($1000)	115,236	311,334,781
Retail sales per capita, 2007	$7,285	$13,061
Accommodation and food services sales, 2007 ($1000)	15,197	42,054,592
Building permits, 2010	6	88,461
Federal spending, 2009	162,099	216,379,449[2]

Geography QuickFacts	Robertson County	Texas
Land area in square miles, 2010	855.68	261,231.71
Persons per square mile, 2010	19.4	96.3
FIPS Code	395	48
Metropolitan or Micropolitan Statistical Area	College Station-Bryan, TX Metro Area	

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

	Robertson County	Error Margin	National Benchmark*	Texas	Rank (of 221)
Health Outcomes					180
Mortality					199
Premature death	10,868	9,058-12,677	5,466	7,186	
Morbidity					91
Poor or fair health			10%	19%	
Poor physical health days			2.6	3.6	
Poor mental health days			2.3	3.3	
Low birthweight	8.0%	6.6-9.3%	6.0%	8.2%	
Health Factors					192
Health Behaviors					205
Adult smoking			14%	19%	
Adult obesity	32%	25-40%	25%	29%	
Physical inactivity	29%	22-38%	21%	25%	
Excessive drinking			8%	16%	
Motor vehicle crash death rate	66	51-81	12	17	
Sexually transmitted infections	491		84	435	
Teen birth rate	70	62-78	22	63	
Clinical Care					137
Uninsured	27%	24-29%	11%	26%	
Primary care physicians	15,710:1		631:1	1,050:1	
Preventable hospital stays	80	69-91	49	73	
Diabetic screening	83%	72-94%	89%	81%	
Mammography screening	56%	45-67%	74%	62%	
Social & Economic Factors					177
High school graduation	93%			84%	
Some college	43%	34-51%	68%	56%	
Unemployment	8.6%		5.4%	8.2%	
Children in poverty	34%	25-42%	13%	26%	
Inadequate social support			14%	23%	
Children in single-parent households	44%	35-53%	20%	32%	
Violent crime rate	432		73	503	
Physical Environment					106
Air pollution-particulate matter days	0		0	1	
Air pollution-ozone days	0		0	18	
Access to recreational facilities	6		16	7	
Limited access to healthy foods	26%		0%	12%	
Fast food restaurants	39%		25%	53%	

* 90th percentile, i.e., only 10% are better   **2012**
Note: Blank values reflect unreliable or missing data

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

From 2005-2010, adult residents (18+) of **Robertson County** received **$51,495,594** 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 **Robertson 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	78	59	57	45	44	47	330	$25,416	$8,387,344	$676
Dehydration	32	23	25	26	17	20	143	$18,811	$2,689,950	$217
Urinary Tract Infection	30	26	32	32	51	48	219	$22,604	$4,950,287	$399
Angina (without procedures)	0	0	0	0	0	0	0	$0	$0	$0
Congestive Heart Failure	87	127	102	85	66	50	517	$30,776	$15,910,960	$1,282
Hypertension (High Blood Pressure)	7	10	6	9	6	12	50	$20,750	$1,037,508	$84
Asthma	9	14	19	24	21	19	106	$29,262	$3,101,751	$250
Chronic Obstructive Pulmonary Disease	32	51	46	51	38	55	273	$27,893	$7,614,865	$614
Diabetes Short-term Complications	11	12	15	13	19	9	79	$24,641	$1,946,631	$157
Diabetes Long-term Complications	30	29	28	28	26	36	177	$33,086	$5,856,299	$472
TOTAL	**316**	**351**	**330**	**313**	**288**	**296**	**1,894**	**$27,189**	**$51,495,594**	**$4,150**

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.

Robertson County Health Environment Notes & Related Data

Robertson County Health Clinics

Name/Location	Providers	Type of Facility
Falls Community Hospital & Clinic - Bremond Clinic 201 South Main Bremond, TX 76629	**NP** **DO -Wednesdays**	**RHC** *Open M-Thu 8-4:30; Fri 8-12* *Accepts all insurance except Medicaid Star*
Hearne Community Health Clinic 709 Barton Street Hearne, TX 77859	**1 Family Practice MD** **1 P/T Family Practice MD** **1 PA**	**FQHC**
Robertson County Community Health Clinic (WIC/Dental) 1000 West Brown Street Hearne, TX 77859	**Dentist** **2-3 days/week** **Open 5 days/week**	**FQHC**
The Rural Healthcare Center 702 Main Street Calvert, TX 77837	**1 NP**	***RHC? Will open in 2012; still seeking more information on this clinic***
St. Joseph Franklin Family Medicine Clinic 305 Gay Street Franklin, TX 77856	**1 F/T NP** **1 P/T Family Practice MD (T/TH)**	**RHC** ***Plans are to open joint clinic/urgent care in 2012; will work with FQHC***

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

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

Health Occupations				
	Year	Robertson County	Region 7	Texas
Direct Care Physicians	2010	2	5,185	41,191
Primary Care Physicians	2010	2	2,252	17,526
Physician Assistants	2010	2	622	4,943
Registered Nurses	2010	27	19,024	176,498
Licensed Vocational Nurses	2010	48	7,690	71,141
Nurse Practitioners	2010	1	724	6,162
Dentists	2010	1	1,376	11,301
Pharmacists	2010	5	2,288	20,428
Chiropractors	2010	1	639	4,767
Veterinarians	2010	17	1,151	5,734
EMS Personnel	2010	51	7,779	56,381

Ratio of 2009 Population per Health Care Professional				
	Year	*Robertson County*	*Region 7*	*Texas*
Direct Care Physicians Ratio	*2010*	*11.8*	*177.0*	*162.3*
Primary Care Physicians Ratio	*2010*	*11.8*	*76.9*	*69.1*
Physician Assistants Ratio	*2010*	*11.8*	*21.2*	*19.5*
Registered Nurses Ratio	*2010*	*159.8*	*649.5*	*695.6*
Licensed Vocational Nurses Ratio	*2010*	*284.1*	*262.5*	*280.4*
Nurse Practitioners Ratio	*2010*	*5.9*	*24.7*	*24.3*
Dentists Ratio	*2010*	*5.9*	*47.0*	*44.5*
Pharmacists Ratio	*2010*	*29.6*	*78.1*	*80.5*
Chiropractors Ratio	*2010*	*5.9*	*21.8*	*18.8*
Veterinarians Ratio	*2010*	*100.6*	*39.3*	*22.6*
EMS Personnel Ratio	*2010*	*301.9*	*265.6*	*222.2*

Health Insurance				
	Year	*Robertson County*	*Region 7*	*Texas*
18 Years and Younger, Without Health Insurance	*2007*	*759*	*132,294*	*1,375,714*
18 Years and Younger, Without Health Insurance (%)	*2007*	*17.7%*	*17.3%*	*19.5%*
Younger than 65 Years, Without Health Insurance	*2007*	*3,170*	*611,604*	*5,765,126*
Younger than 65 Years, Without Health Insurance (%)	*2007*	*24.3%*	*24.7%*	*26.8%*

Socioeconomic Indicators				
	Year	*Robertson County*	*Region 7*	*Texas*
Average Monthly TANF Recipients	*SFY2009*	*24*	*2,788*	*104,693*
Average Monthly SNAP (food stamp) Participants	*SFY2009*	*2671*	*271,789*	*2,819,469*
Unduplicated Medicaid Clients	*SFY2009*	*4013*	*476,113*	*4,760,721*
Unemployment Rate	*2010*	*8.6%*	*7.2%*	*8.2%*
Per Capita Personal Income	*2010*	*$34,222*	*$36,225*	*$38,609*
Average Monthly CHIP enrollment	*FY2008*	*212*	*37,184*	*466,242*

Poverty				
	Year	*Robertson County*	*Region 7*	*Texas*
Total Persons Living Below Poverty	*2009*	*3,113*	*442,754*	*4,143,077*
Total Persons Living Below Poverty (%)	*2009*	*20.2%*	*15.9%*	*17.1%*
Related Children 0-17 Years, Living Below Poverty	*2009*	*1,174*	*144,890*	*1,655,085*
Related Children 0-17 Years, Living Below Poverty (%)	*2009*	*29.0%*	*20.3%*	*24.3%*
18 Years and Over, Living Below Poverty	*2009*	*1,939*	*297,864*	*2,487,992*
18 Years and Over, Living Below Poverty (%)	*2009*	*17.1%*	*14.4%*	*14.3%*

Health Professional Shortage Area Designations – Robertson County
Source: http://hpsafind.hrsa.gov/HPSASearch.aspx

- Primary Medical Care – Single County
- Dental – Single County
- Mental Health – Single County

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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.

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*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.

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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

		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.	

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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.

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

Reporting

- Public Hospital
- In areas with no public hospital:
  - Hospital District
  - Hospital Authority
  - County
  - State University with HSC or medical school

Anchor
RHP Administrative Functions

← Reporting

HHSC
Approves performance

IGT Entity
Reviews performance

Performing Provider
Reports performance

Performing Subcontractor
Reports performance to performing provider

Examples: Examples:
Public Hospital ---------- Public Hospital
Public Hospital ---------- Private Hospital
Public Hospital ---------- Private Hospital ---------- Clinic
LMHA ---------- LMHA

Funding Source

HHSC
Requests IGT from IGT Entities

IGT Entity
Provides IGT to State

Payments

CMS
Approves federal match and sends to HHSC

HHSC
Requests federal match from CMS

HHSC
Provides payments to performing provider

Performing Provider
Receives payments

Performing Subcontractor
Receives payments from performing provider

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