# Section II. Executive Overview of RHP

The Region 17 Regional Healthcare Partnership (RHP 17) is a nine-county partnership that formed on March 14, 2012 and is located in the eastern portion of the Central Texas region. RHP 17 consists of Brazos, Burleson, Grimes, Leon, Madison, Montgomery, Robertson, Walker, and Washington Counties. RHP 17 covers 6,986 square miles, and has a population density of 120.68 residents per square mile[[1]](#footnote-1) compared to a statewide density of 95.92. A map of the region is included in Addendum 1.

##

## Healthcare Environment

### Patient Population

According to the 2010 Census, the total population for RHP 17 was 843,054 with Brazos and Montgomery Counties consisting of about 77% of the region’s residents. Montgomery County has the highest percentage of children aged 18 or less in the region while children make up about one fifth of the population in the rest of the region. Brazos County has the smallest percentage, 7.2%, of seniors aged 65+ while Leon County’s senior population is significantly higher than the rest of the region at 21.5%. The senior population is 4% to 7% higher than the state average of 10.5%.

A large percentage of RHP 17 is uninsured. Just over a quarter of the adult population in Brazos, Montgomery, and Washington Counties are uninsured. With the exception of Madison County, which has the highest uninsured rate at 38%, the remainder of the RHP 17 counties have approximately a 30% uninsured adult population. Burleson, Leon, and Madison Counties have slightly higher rates than the Texas average of uninsured children, which is 17.6%. All counties had fewer children enrolled in the CHIP program than the statewide average of 7.2%, with the exception of Grimes County, which was the same, as seen in Table 3-3.

###

### Health Systems and Providers

The largest hospitals in RHP 17 are located in Brazos and Montgomery Counties. The St. Joseph Health System (SJHS) is a regional hospital system headquartered in Brazos County and now affiliated with the Catholic Health Initiatives (CHI) System. The SJHS is the most represented within the region in terms of number of facilities across the nine counties. St. Joseph operates a 250-bed hospital in Bryan, Texas, as well as three critical access hospitals and three clinics in six rural communities within the region. The College Station Medical Center is a Brazos County hospital affiliated with Community Health Systems. The Baylor Scott and White Health System operates a small hospital in Brenham and completed a 143-bed hospital in Brazos County in August 2014. Hospitals in Walker and Montgomery Counties are affiliated with larger systems outside RHP 17, including Herrmann Memorial in Houston, Hospital Corporation of America (HCA) of Tennessee, and CHI St. Luke’s Health System in Houston. In addition, there are a number of primary care clinics, urgent care centers, and two local mental health authorities, all of which are primarily located in the two largest counties. There are two federally qualified health center (FQHC) systems with approximately 16 clinic locations in the region. There are also six federally-designated rural health clinics (RHC) in the region along with two new rural clinics being developed in Walker County and potentially a third in Robertson County as part of the DSRIP projects being implemented in the region. The FQHCs and RHCs are often the only primary care available in some rural communities.

RHP 17 has a full continuum of care which is primarily available in Brazos and Montgomery Counties. It includes health promotion, primary care, specialty care, chronic disease management, labor and delivery, general and specialty surgery, intensive care, behavioral health care services, rehabilitation, emergency care, and many others. In most cases, limited primary care can be obtained locally but more preventative screenings and specialty care must be accessed in Brazos or Montgomery Counties or even outside the region, most commonly in the Houston area. This can create transportation issues for many residents in RHP 17, may result in long waits to access certain types of care, and may oftentimes prevent some residents from ever receiving the health care they need.

## Key Health Challenges

The key health challenges in RHP 17 are like many areas in Texas. Addressing these health care needs will require broad system transformation and collaboration among health care providers and organizations. The broad key health challenges in RHP 17 include:

* Poor access to primary care;
* Poor access to specialty care;
* Poor access to behavioral/mental health services; and
* Lack of coordinated care, especially for those with multiple needs.

Access to quality primary care is a challenge throughout most of the region because health care is concentrated in Brazos and Montgomery Counties. Although centrally located within the region, Brazos County is not located on or near an interstate highway. State highways leading into Brazos County from the east and north are predominantly two lane highways. Montgomery County is located in the southeastern part of the region. Professionals in the rural areas are frequently stretched very thin, making access difficult. More specialized care in these areas can be all but impossible to obtain. The need for expanded primary care capacity, especially for the uninsured and underinsured population, is an issue in all counties, not just rural counties. Population growth in these counties is outpacing the growth in the number of health care professionals.

Access to behavioral health and mental health services is also a large concern. There are two local mental health authorities in RHP 17, but they are challenged to keep up with demand and limited by their eligibility criteria, which only allows for them to serve those at risk of severe and persistent mental health disorders. Transportation issues can again make seeking services inconvenient.

RHP 17 lacks coordinated care. This causes residents, especially those who have multiple needs or have limited access to services, to use inappropriate and more expensive services, such as the emergency room or emergency medical services.

In particular, in regional planning meetings, RHP 17 providers reported treatment of individuals with chronic disease, individuals with co-occurring mental health and chronic disease, and individuals with intellectual disabilities and mental health issues to be a challenge with the resources available.

Each of these key challenges, if resolved, would provide better quality of life and reduce the burden on our criminal justice system, hospitals and emergency departments.

## RHP Goals and Vision, and Plans for Achieving the Goals

The overarching goal of RHP 17 is to transform the local and regional health care delivery systems to improve access to care, efficiency, and effectiveness. Specifically, RHP 17 will address the key challenges listed above and will aim to resolve these by reaching four primary goals. The plans for achieving those goals are outlined below under each goal:

1. Expanding the availability of and access to timely, high quality primary, specialty, and behavioral health care for residents, including those with multiple needs;

 Providers in RHP 17 will achieve this goal by expanding the availability and capacity of primary care in the region, as well as expanding the services available through primary care providers. In addition to expanded clinic hours, there are plans to explore implementation of rural fellowships and allow primary care residents to be placed in rural areas, expand capacity at safety net clinics, implement mobile primary care screenings, target disparity groups with evidence based health promotion, disease prevention and chronic care management, and increasing behavioral health care via telehealth and mobile clinics in rural communities. Some of these new services will focus on managing chronic conditions, while others will focus on decreasing potentially preventable admissions/readmissions, inappropriate ED use, and/or aim to improve patient satisfaction, an indicator of quality of care.

1. Increasing the proportion of residents with a regular source of care;

 The expansion of primary care capacity in the region will provide opportunities for residents to establish a regular source of care. In addition to availability, new patient navigation programs will refer patients who are currently without a regular source of care to available primary care providers.

1. Increasing coordination of preventative, primary, specialty, and behavioral health care for residents, including those with multiple needs; and

 The coordination of care in the region will better address the community needs by integrating primary and behavioral health services, integrating behavioral health services with services for the intellectually and developmentally disabled, and creating patient navigation programs to ensure residents who access more inappropriate settings of care can develop a regular source of care.

1. Reducing costs by minimizing inappropriate utilization of services.

 Given the largely rural nature of RHP 17, inappropriate utilization of services is a critical issue as many needed services simply are not available locally. All of the activities described under Goals 1, 2 and 3 above, in theory, will reduce inappropriate utilization of the emergency department (ED), the criminal justice system and emergency medical services. The expansion of primary care availability and accessibility, care coordination through patient navigation, targeted behavioral health services, and evidence-based health promotion/disease prevention targeting high risk and disparate populations all serve to get people into the right care at the right time. Specific outcomes of interest include, but are not limited to, appropriate utilization of the ED and reducing the ambulatory care sensitive admission rate.

|  |
| --- |
| **Table 2-1. RHP Category 1 & 2 Projects** |
| **Project Title (include unique RHP project ID number)** | **Project Area** | **Brief Project Description** | **Related Category 3 Outcome Measures** | **Estimated Incentive Amount (DSRIP)** |
| ***Category 1: Infrastructure Development*** |
| 130982504.1.1 **Brazos County Health District** | 1.10.2 | **Title: Implementation of an EHR System at Brazos County Health District**Enhance Performance Improvement and Reporting Capacity Through Technology  | 130982504.3.1 IT-6.2.b Visit-Specific Satisfaction Instrument (VSQ-9)IT-15.17 Latent Tuberculosis Infection (LTBI) treatment rate | $432,000 |
| 020841501.1.2 **Conroe Regional Medical Center** | 1.9.2 | **Title: Expand Access to Specialized Trauma Services** Improve Access to Specialty Care  | 020841501.3.2 IT-3.3 Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate | $785,294 |
| 189791001.1.1 **Huntsville Memorial Hospital** | 1.9.2 | **Title: HMH Cardiac Catheterization Laboratory** Improve Access to Specialty Care | 189791001.3.1 IT-3.8 Acute Myocardial Infarction (AMI) 30 -day Readmission Rate  | $2,641,613 |
| 189791001.1.2 **Huntsville Memorial Hospital** | 1.9.2 | **Title: HMH Inpatient Dialysis Laboratory**Improve Access to Specialty Care | 189791001.3.2 IT-1.16 Hemodialysis Adequacy Clinical Performance Measure III  | $1,408,859 |
| 189791001.1.3 **Huntsville Memorial Hospital**  | 1.9.1 | **Title: Nursing Fellowship Program to Provide Training in Specialty Areas** Expand High-Impact Specialty Care Capacity in Most Impacted Medical Specialties  | 189791001.3.3 IT-4.5 Patient Fall Rate | $1,408,859 |
| **\* PASS 2 PROJECT\***189791001.1.4 **Huntsville Memorial Hospital** | 1.1.3 | **Title: Mobile office to provide screenings, vaccination, physicals and health education** Expand Mobile Clinics | 189791001.3.4 IT-2.17 Uncontrolled Diabetes Admissions Rate  | $4,120,022 |
| **\* 3 YEAR PROJECT\***189791001.1.100 **Huntsville Memorial Hospital** | 1.1.1 | **Title:** Huntsville Memorial Hospital’s Primary Care and Non-Emergent Services in Rural AreasEstablish More Primary Care Clinics | 189791001.3.100 IT-1.13 Diabetes care: Foot exam189791001.3.101 IT-1.21 Adult Body Mass Index (BMI) Assessment189791001.3.102 IT-1.23 Tobacco Use: Screening & Cessation | $3,533,523 |

|  |
| --- |
| **Table 2-1. RHP Category 1 & 2 Projects** |
| **Project Title (include unique RHP project ID number)** | **Project Area** | **Brief Project Description** | **Related Category 3 Outcome Measures** | **Estimated Incentive Amount (DSRIP)** |
| 160630301.1.1 **St. Luke's - The Woodlands Hospital** | 1.1.2 | **Title: Expanding Primary Care Access in Montgomery County** Expand Existing Primary Care Capacity | 160630301.3.1 IT-2.21 Ambulatory Care Sensitive Conditions Admissions Rate | $7,634,803 |
| **\* 3 YEAR PROJECT\***160630301.1.100 **St. Luke's - The Woodlands Hospital** | 1.3.1 | **Title: Implementing a Chronic Disease Management Registry**Implement/Enhance and Use Chronic disease Management Registry Functionalities | 160630301.3.100 IT-3.17 Risk Adjusted Chronic Obstructive Pulmonary Disease (COPD) 30-day Readmission Rate | $1,591,061 |
| 135226205.1.1 **Scott & White Hospital Brenham** | 1.1.2 | **Title: Increasing Primary Care Provider Time at Brenham Free Clinic** Expand Existing Primary Care Capacity | 135226205.3.2IT-9.2.a Emergency Department (ED) visits per 100,000 | $364,865 |
| 198523601.1.1 **Texas A&M Physicians** | 1.1.2 | **Title: HFA Capacity: Expanding Access to Primary Care/Preventive Services, Improving Transition of Care, and Improving Quality of Care for the Indigent Population of Brazos and Surrounding Counties** Expand Existing Primary Care Capacity  | 198523601.3.1 IT-1.7 Controlling High Blood Pressure  | $669,349 |

|  |
| --- |
| **Table 2-1. RHP Category 1 & 2 Projects** |
| **Project Title (include unique RHP project ID number)** | **Project Area** | **Brief Project Description** | **Related Category 3 Outcome Measures** | **Estimated Incentive Amount (DSRIP)** |
| 198523601.1.4 **Texas A&M Physicians** | 1.11.2 | **Title: Expanding Telemental Health Services Throughout the Brazos Valley**Implement technology-assisted behavioral health services from psychologists, psychiatrists, substance abuse counselors, peers and other qualified providers | 198523601.3.5IT-11.26.e.i Patient Health Questionnaire 9 (PHQ-9) | $2,948,607 |
| 081844501.1.1 **Tri-County Services MHMR** | 1.13.1 | **Title: Intensive Evaluation and Diversion Program** Develop and implement crisis stabilization services to address the identified gaps in the current community crisis system | 081844501.3.1 IT-11.26.e.i Patient Health Questionnaire 9 (PHQ-9) | $5,035,447 |
| 081844501.1.2 **Tri-County Services MHMR** | 1.13.1 | **Title: IDD Assertive Community Treatment Program** Develop and implement crisis stabilization services to address the identified gaps in the current community crisis system | 081844501.3.2 IT-11.26.b Aberrant Behavior Checklist (ABC) | $1,151,178 |
| 081844501.1.3 **Tri-County Services MHMR** | 1.9.2 | **Title: Expanded Psychiatry Delivery Program** Improve Access to Specialty Care | 081844501.3.3 IT-11.26.e.iii Patient Health Questionnaire: Somatic, Anxiety, and Depressive Symptoms (PHQ-SADS) | $1,962,935 |

|  |
| --- |
| **Table 2-1. RHP Category 1 & 2 Projects** |
| **Project Title (include unique RHP project ID number)** | **Project Area** | **Brief Project Description** | **Related Category 3 Outcome Measures** | **Estimated Incentive Amount (DSRIP)** |
| ***Category 2: Program Innovation and Redesign*** |
| 130982504.2.1 **Brazos County Health District** | 2.7.1 | **Title: Free Rapid HIV Testing to Targeted Clients at High-Risk for Contracting HIV** Implement innovative evidence-based strategies to increase appropriate use of technology and testing for targeted populations (e.g., mammography screens, colonoscopies, prenatal alcohol use, etc.) | 130982504.3.200 IT-15.10 Syphilis positive screening rates 130982504.3.201 IT-15.13 Gonorrhea Positive Screening Rates130982504.3.2 IT-15.6 Chlamydia screening in women | $43,200 |
| 020860501.2.1 **College Station Medical Center** | 2.9.1 | **Title: Advanced Community Paramedicine (ACP) Navigation Program** Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care (for example, patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients) | 020860501.2.1 IT-9.4.b Reduce Emergency Department visits for Diabetes | $1,371,890 |
| **\* PASS 2 PROJECT\***189791001.2.1 **Huntsville Memorial Hospital** | 2.2.2 | **Title: Program to enable patient to better manage their health; Chronic Care Management Models** Apply Evidence-Based Care Management Model to Patients Identified as having High-Risk Health Care Needs | 189791001.3.5 IT-3.4 Diabetes 30 day Readmission Rate  | $5,025,575 |
| 136366507.2.1 **MHMR Authority of Brazos Valley** | 2.13.1 | **Title: Crisis Triage Unit** Design, Implement and Evaluate Research-Supported and Evidence Based interventions tailored towards individuals in a target population | 136366507.3.1 IT-1.18 Follow-Up After Hospitalization for Mental Illness136366507.3.500IT-11.26.c Adult Needs and Strength Assessment (ANSA) with CHMC.5 - Adherence To Antipsychotic Meds | $1,153,000 |

|  |
| --- |
| **Table 2-1. RHP Category 1 & 2 Projects** |
| **Project Title (include unique RHP project ID number)** | **Project Area** | **Brief Project Description** | **Related Category 3 Outcome Measures** | **Estimated Incentive Amount (DSRIP)** |
| 136366507.2.2 **MHMR Authority of Brazos Valley** | 2.13.1 | **Title: Rural ACT/Jail Diversion/Crisis Specialist** Design, Implement and Evaluate Research-Supported and Evidence Based interventions tailored towards individuals in a target population | 136366507.3.2 IT-9.1 Decrease in Mental Health Admissions and Readmissions to Criminal Justice Settings | $1,085,000 |
| **\* 3 Year PROJECT\***311035501.2.100 **Montgomery County Health District** | 2.9.1 | **Title: Community Paramedicine (CP): Provide Navigation Services to Targeted Patients Who are at High Risk of Disconnect from Institutionalized Health Care.** Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care (for example, patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients) | 311035501.3.100 IT-9.2 Reduce Emergency Department (ED) visits for Ambulatory Care Sensitive Conditions (ACSC) per 100,000 | $4,167,500 |
| 127267603.2.1 **St. Joseph Regional Health Center** | 2.9.1 | **Title: Prenatal Care Navigation Program** Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care (for example, patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients) | 127267603.3.1 IT-8.19 Post-Partum Follow-Up and Care Coordination | $662,589 |

|  |
| --- |
| **Table 2-1. RHP Category 1 & 2 Projects** |
| **Project Title (include unique RHP project ID number)** | **Project Area** | **Brief Project Description** | **Related Category 3 Outcome Measures** | **Estimated Incentive Amount (DSRIP)** |
| 135226205.2.1 **Scott & White Hospital Brenham** | 2.8.1 | **Title: Improving Primary Care and Supportive Services to Reduce Avoidable ED and Hospital Visits at Scott & White Hospital in Brenham** Design, develop, and implement a program of continuous, rapid process improvement that will address issues of safety, quality, and efficiency. | 135226205.3.4IT-9.2.a Emergency Department (ED) visits per 100,000 | $364,865 |
| 198523601.2.1 **Texas A&M Physicians** | 2.1.1 | **Title: Development of a Redesign Process for Transforming Primary Care Clinics and Providers to the PCMH/Guided Care Model**Develop, Implement and Evaluate Action Plans to Enhance/Eliminate Gaps in the Development of Various Aspects of PCMH Standards  | 198523601.3.6 IT-1.10 Diabetes care: HbA1c poor control (>9.0%) | $1,338,669 |
| 198523601.2.2 **Texas A&M Physicians** | 2.6.2 | **Title: EBP Resource Exchange: Training, Implementation and Evaluation of Evidence-Based Self-Management and Wellness Programs** Establish Self-Management Programs and Wellness using Evidence-based Designs | 198523601.3.7 IT-10.1.h CDC Health-Related Quality of Life (HRQoL) Measures | $1,784,931 |
| 198523601.2.3 **Texas A&M Physicians** | 2.9.1 | **Title: Brazos Post Discharge Patient Care Coordination**Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care (for example, patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients)  | 198523601.3.8 IT-6.2.c Health Center Patient Satisfaction Survey | $4,462,338 |
| 198523601.2.4 **Texas A&M Physicians** | 2.10.1 | **Title: Home-Based Palliative Care** Implement a Palliative Care Program to address patients with end-of-life decisions and care needs | 198523601.3.9 IT-10.1.d McGill Quality of Life (MQOL) Index | $446,232 |
| **\* PASS 2 PROJECT\***081844501.2.1 **Tri-County Services MHMR** | 2.15.1 | **Title: Integrated Primary and Behavioral Health Care Services with included Mobile Clinic Component** Design, implement, and evaluate projects that provide integrated primary and behavioral health care services. | 081844501.3.4 IT-1.7 Controlling high blood pressure | $3,961,178 |

1. Texas Workforce Commission County Narrative Profiles <http://www.texasindustryprofiles.com/apps/cnp/index.asp> [↑](#footnote-ref-1)