CENTRAL HEALTH

Central Health Summary

Performance Review

February 13, 2018

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whitecap HEALTH ADVISORS

Agenda

1) Introductions
2) Findings of Performance Review
3) Assessment Tool and Findings
4) Benchmarking and Entities
5) Questions
6) Communication E-Mail

Our Methodology

1) **Public Input**
   a. Focus Groups
   b. Extensive review of secondary research (Central Health and CommUnityCare patient surveys)

2) **Stakeholder Interviews**
   a. Board of Managers
   b. Central Health Executive Staff
   c. Key Staff- Enterprise Partners
   d. Key Staff - Affiliated Partners
   e. Key Staff - Contractual Partners

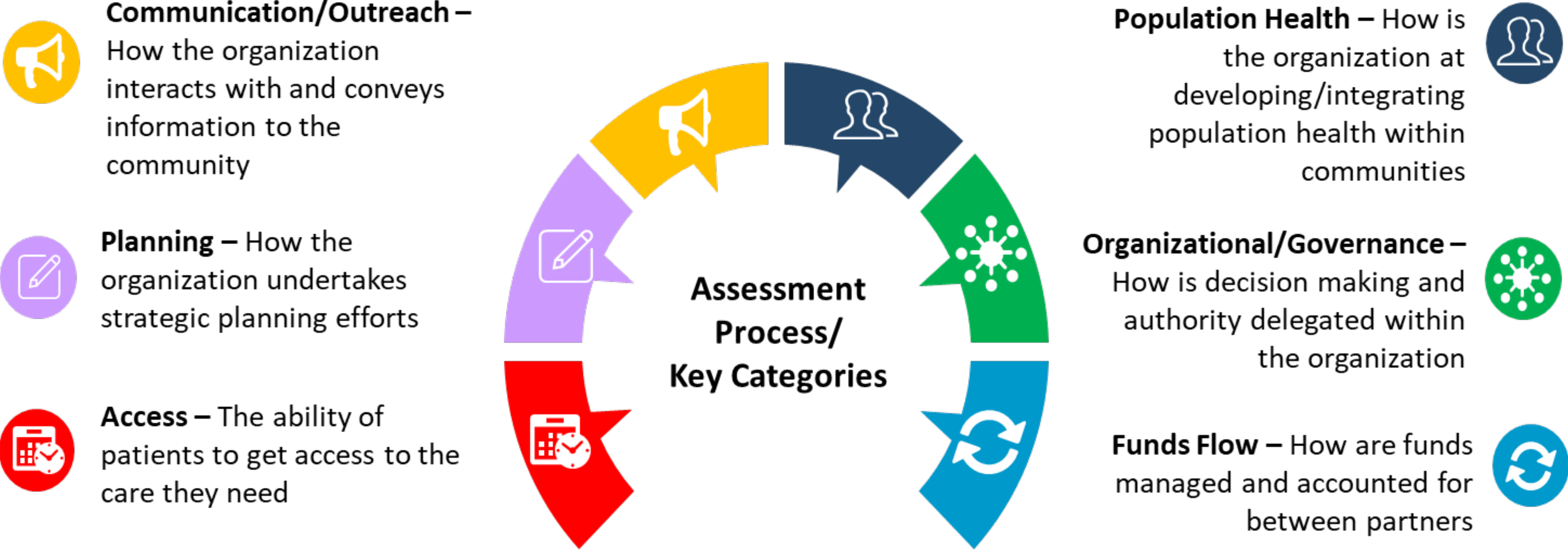
3) **Internal Assessment**
   a. Six (6) domains
   b. Fifteen (15) indicators

4) **Benchmarking Analysis**
   a. Six (6) Texas Public Health Authorities
   b. Ten (10) Hospitals Districts

5) **Literature Review**

Internal Assessment Overview

- Our assessment tool focused on 6 core areas that are crucial to creating/maintaining effective hospital districts



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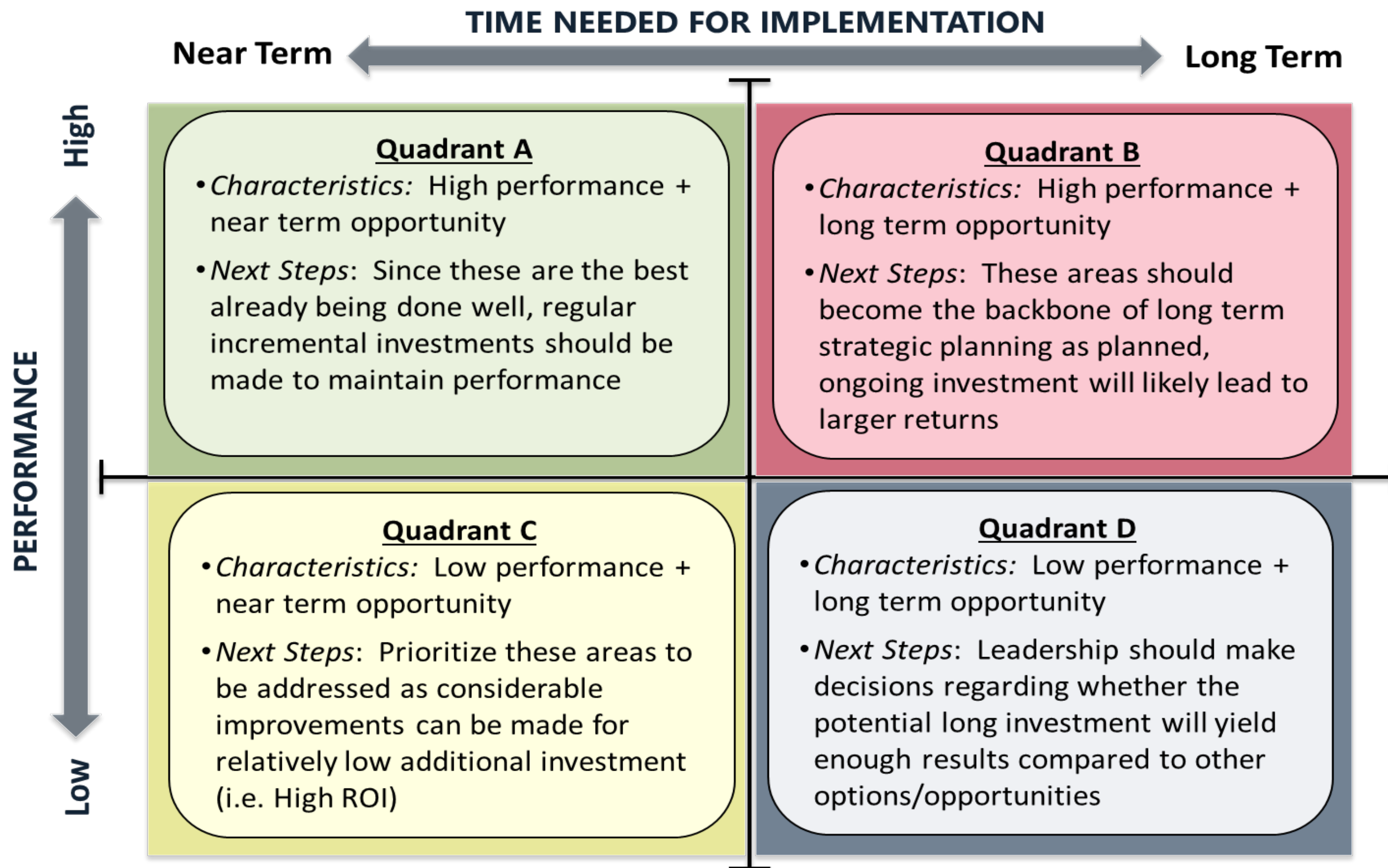
- Specific practices within each of the 6 areas were analyzed, scored and then placed into a quadrant ranking system that helps define areas of attention for the hospital district



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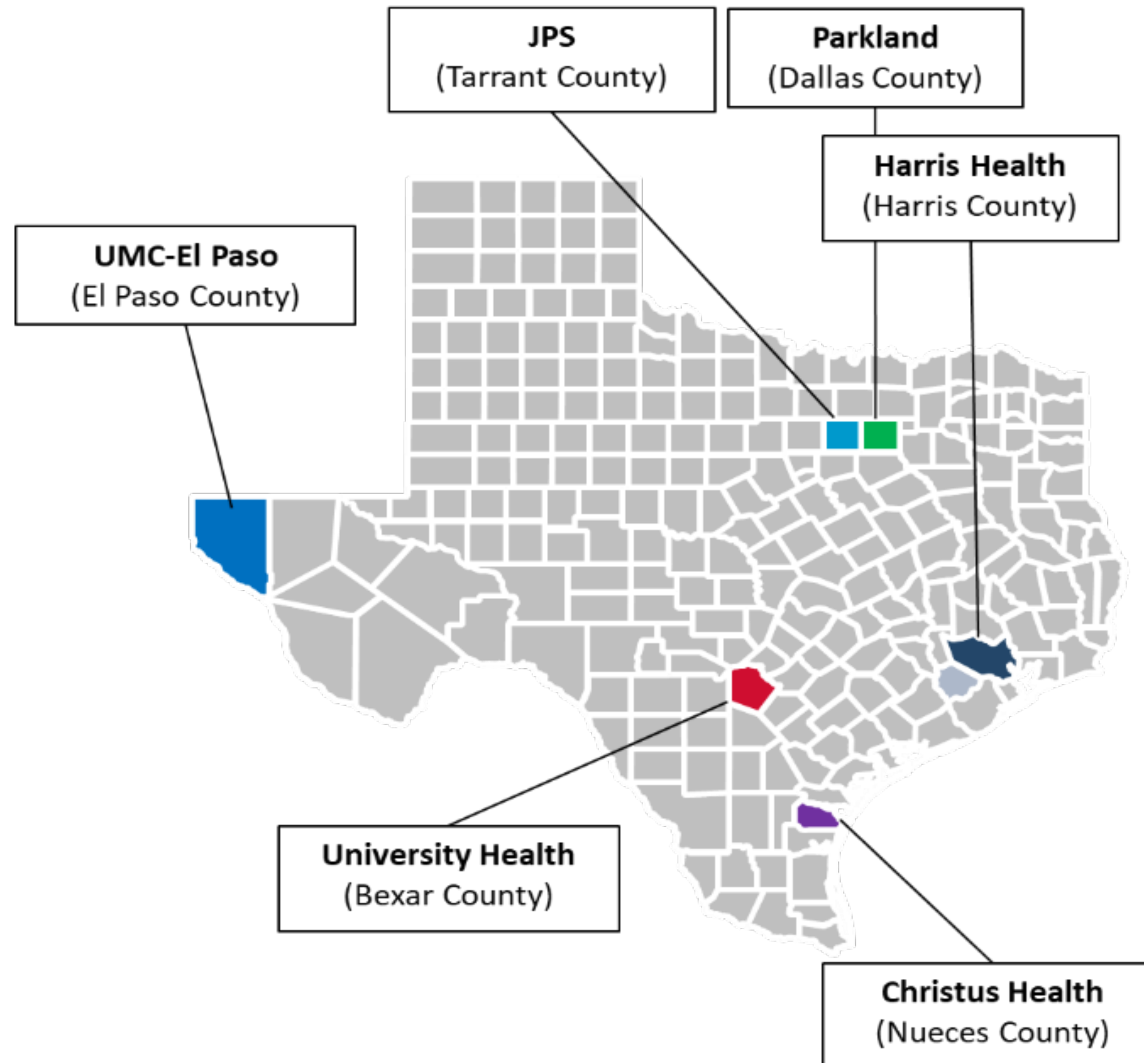
Internal Assessment Key Findings/Themes

1. Overall, Central Health performed above-average on the internal assessment criteria – with the highest average rating in Oversight and DSRIP Management (100) and the lowest average rating in Physician Specialty Care Access (25).
2. Central Health's "partnership" model (it does not operates it own hospital) is unique among public hospital districts and comes with tradeoffs. While the model allows it to be more flexible to changing care delivery needs, it also means that it has less day-to-day control over how care is being delivered.
3. Central Health does not have full influence and visibility into how funds flows to partner entities are ultimately used to benefit the community. While there are legal limits on what Central Health can require from its partners, there are definite opportunities to improve transparency and accountability.
4. Because of this partnership model, Central Health's role in supporting care delivery is often hidden or misunderstood by the community it serves. Central Health needs to better communicate its critical role (i.e. "Intel Inside" strategy).
5. There is a significant need to better define a plan to address physician shortages, particularly for specialty care. Given national supply-demand imbalances in many specialties, this will require both near-term and long term investments.
6. Central Health should consider exploring/expanding opportunities to diversify Central Health funding sources (e.g., philanthropy).

- Our benchmarking process focusing on comparing Central Health to other hospital districts in Texas within the 6 core areas defined in the internal assessment.



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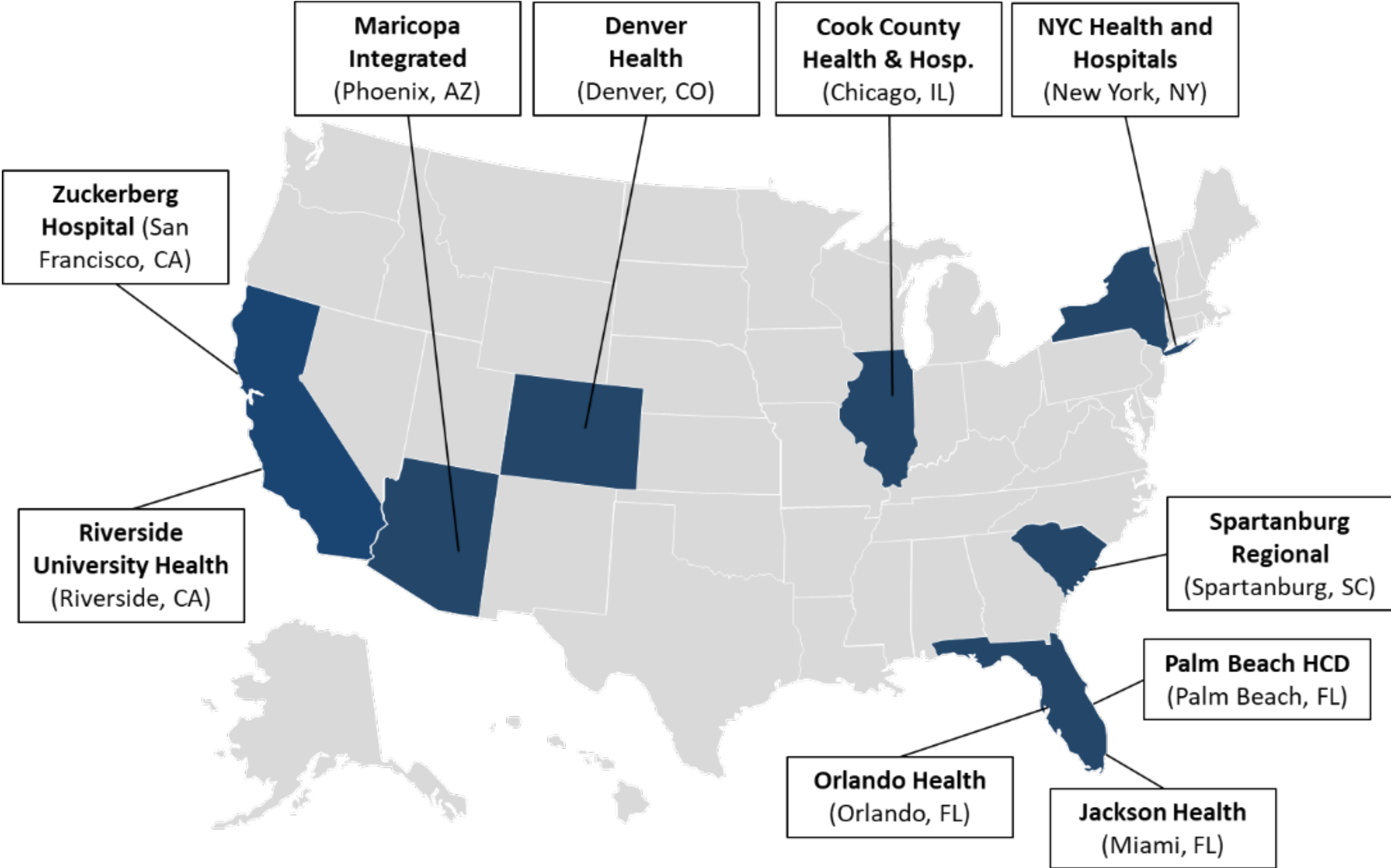
- Central Health was also benchmarked against 10 prominent, hospital districts from across the country to compare both performance, and determine if there are innovative approaches at these locations that can be adapted/used at Central Health



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Benchmarking Key Findings/Themes

1. Maintaining access within growing communities is a key focus point for all comparators (both in Texas and nationally). While Central Health does a reasonably good job providing access, it will have to be proactive in continuing to pursue opportunities since it does not directly control the delivery of inpatient and specialty services.
2. Planning is a strength for Central Health relative to its comparators, but may want to consider a "unifying" theme and accompanying metrics that can be easily understood and tracked by the public (i.e. "Care Reimagined" – Maricopa).
3. Communication is average at Central Health relative to its comparators, especially in regards to a social media presence where there are opportunities to further engage the Austin community and become a strong source of health information for a large portion of the population.
4. Population Health is a complicated issue for Central Health as the provision of services and the tracking of data is split between Central Health and the Austin health department. However, a "key health priorities" model similar to the one used by Spartanburg could help align priorities between Central Health, the health department and other partner entities.
5. Governance is a largely prescribed process within Central Health, and is fairly similar to comparators in Texas and nationally. While this limits its ability to change the overall Board(s) structure, small changes like implementing terms limits could bring Central Health up to contemporary standards;
6. Central Health's funding is much more dependent on its tax base, since comparators have significantly higher dollar flows from government payors and from charitable foundations. However, the comparators also have significantly higher dollar flows to an affiliated medical school – in many cases far more substantial that Central Health (e.g. Harris Health).