

## **Section II. Executive Overview of RHP Plan**

## Section II. Executive Overview of RHP Plan

The organizations and individuals that comprise the Regional Healthcare Partnership for Region Nine have welcomed and invested deeply in the development of this plan to transform the healthcare delivery system serving RHP 9's three counties: Dallas, Denton and Kaufman. RHP 9 participants have spent countless hours considering the community's needs and challenges, understanding the goals of the 1115 Waiver demonstration, and developing concepts, vetting ideas and refining collaborative strategies that will best serve this region.

### Summary of Existing RHP Healthcare Environment

RHP 9, consisting of Dallas, Denton and Kaufman counties has an estimated 2010 total population of 3,134,103<sup>1</sup>, of which approximately 75 percent reside in Dallas County. In 2011, of the total population in the three counties, approximately 40 percent<sup>2</sup> (or 1.25 million) live at or below 200 percent of poverty. Of this low income population, approximately 85 percent reside in Dallas County. Accordingly, the Region Nine RHP serves the very large vulnerable population intended to be at the center of this transformational waiver program.

The North Texas health care delivery market is dominated by several large health systems. While the systems are expanding into growing suburban markets, they maintain major flagship hospitals in Dallas County. These continue to attract a large number of patients from surrounding counties and regions. RHP 9 health care system hospitals and physicians are increasingly working together to address development opportunities as accountable care organizations, prompting greater focus on care coordination and integration across the care continuum. Inclusion of the community mental health centers and local health departments as participants in the RHP 9 plan has yielded greater interface and collaboration among the entire region's performing providers.

Under the direction of the Department of State Health Services, the NorthSTAR Program is a publicly funded managed care approach to the delivery of mental health and chemical dependency services to the eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall and Kaufman counties. The [North Texas Behavioral Health Authority](#) (NTBHA) serves as the local behavioral health (mental health and substance abuse) authority for the entire NorthSTAR service area and functions as the planning, oversight, and single portal authority. As presently structured, the NorthSTAR program is unable to serve as an IGT funding source for behavioral health programs. This has greatly limited the ability to have behavioral health DSRIP projects in Dallas County. Although unable to participate directly, the leaders of NorthSTAR and its behavioral health providers have been actively engaged in the plan development. Anticipating

---

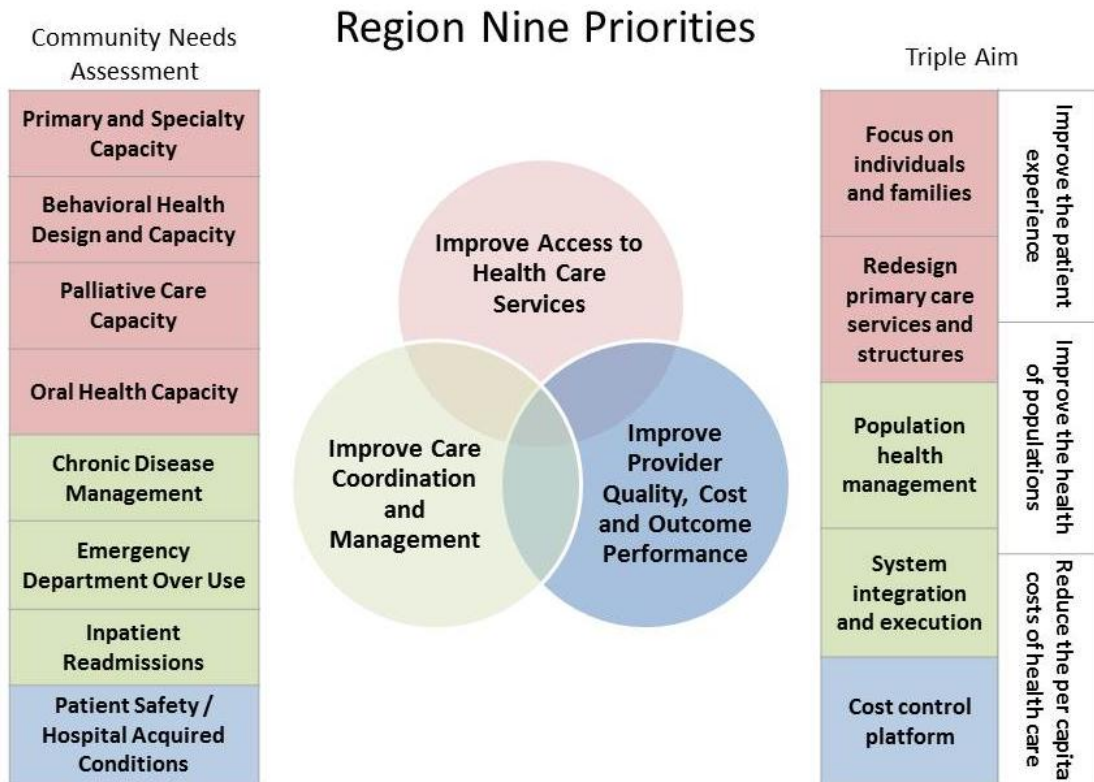
<sup>1</sup> U.S. Census Bureau

<sup>2</sup> U.S. Census Bureau, American Fact Finder, Poverty Status in the Past Twelve Months, 2011

that NorthSTAR may be able to effect structural changes in its funding during the upcoming Texas legislative session, the RHP 9 participants have agreed to reserve funding allocation for NorthSTAR participation through a future plan modification.

### RHP 9 Priorities

The following schematic presents the factors that frame the Region Nine focus for transformational change. Bracing on one side the challenges that were identified in the Community Needs Assessment and on the other side the intentions of the Texas Healthcare Transformation and Quality Improvement Program embodied by the Triple Aim, RHP 9 has identified three broad priorities for transformation. Each of the region’s DSRIP projects addresses one or more of the priorities. Collectively, the projects that make up our plan will make significant strides in meeting the three priorities.



By designing and implementing projects that improve access to health care services, improve the coordination and management of care to the individual patient across the continuum, and improve the quality, cost and outcome performance of the region’s health system providers, RHP 9 participants believe that we will address the community needs and advance the region with respect to the Triple Aim.

## Key Challenges Facing the RHP

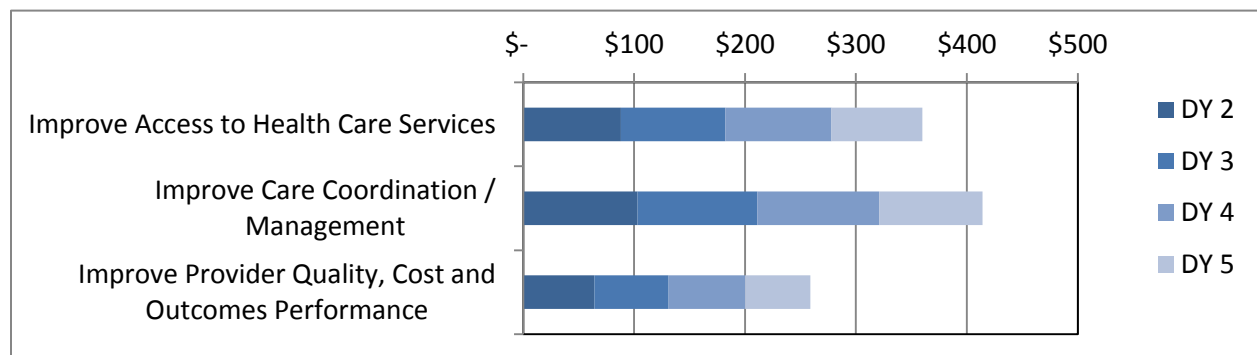
The size and density of the low-income population creates an enormous disparity between demand for and supply of services. This plan has a number of DSRIP projects that will contribute to the growth and development of healthcare service capacity. To maximize the impact of the projects that will grow capacity, the region must also obtain maximum utility from the projects designed for care coordination and care management interventions. Additionally, the plan development process used for the RHP 9 plan has sparked a new and productive forum for collaboration and learning. RHP 9 will establish a robust post-implementation process to assure that the investment made in this plan will achieve maximal gains for the individual performing providers and for the region.

## DSRIP Project Alignment with RHP 9 Priorities

The following graph presents the alignment of RHP 9 projects with the region's priority goals.

### Summary of RHP 9 Projects Aligned with Plan Goals

#### Categories 1 and 2 Projects



*See Appendix A for the detail that supports this graphic presentation.*

While a little more than one third (34 percent) of the RHP 9 project investments relate to improving access to care, nearly half (46 percent) address assuring that the region's interventions are directed to coordinating the health system resources for the benefit of the individual patient. And 20 percent of the Region's project value is directed to strengthening the performance of the region's providers so that they can support and fulfill the region's goals.