Texas Health Steps Forward

Creating and sustaining partnerships among families, providers and communities

- Fewer than 20% of Medicaid eligible children receive all Texas Health Steps/EPSDT recommended screenings for dental and medical health in Texas
- State government is mandated to improve access to and utilization of these services

The Problem

 Texas must carry out 11 corrective action orders issued by the Federal District Court as a part of the settlement of a long standing class action suit (Frew v. Hawkins). These orders are wide ranging and involve changes and improvements in more than one sector.

Background

- The University of Texas Health Science Center in San Antonio will take a leading role in assisting the state to address the mandate
- Create a regional model of integrated health systems to increase EPSDT screens for eligible children in South Texas



 Increase the participation of Medicaid eligible children in Early Periodic Screening, Diagnosis and Treatment (EPSDT) programs and achieve a medical/dental home to assure continuity of care

Overarching Goal

- Increase the number of children who receive THSteps medical and dental checkups
- Increase participation of medical and dental providers who serve children in the Texas Medicaid program
- Improve appropriate utilization of medically necessary services
- Improve coordination of care

State Improvement Objectives-Frew Expenditure Plan

- Medical Home/Dental Home Conference, Austin, November 2007
- Showcase of Best Practices: Dental, Medical, Mental Health (single focus)
- Challenge: Regional Model Addressing all Systems to Improve EPSDT Rates
- Response: CTSA Community Engagement Group and other Stakeholders met to develop a Regional Model

Proposal Background: Regional Model for Texas Children Health Improvement





- Who? =All Children eligible for Medicaid/THSteps
- What? =Increase % receiving EPSDT Services
- Where? =Existing Health Plans/Providers and community based settings
- How? =Increase capacity of families to link with EPSDT providers and services: outreach, home visits, medical transportation, child care, special events, media, school based partnerships, informing, educating, case management

Families in Communities



- Who? =Health Science Center will partner with Health Plans and community based organizations
- What? =Integrate current systems to link providers and families in the community
- Where? =7-County Area: Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
- How? =Train, deploy and support process improvement specialists. Create and implement information systems, i.e. appointments, medical records, reporting, financial records

Linking Systems



- Who? =Health Plans and Medicaid Managed Care Providers
- What? =Increase numbers of THSteps providers and increase appointments for EPSDT services available per provider
- Where? =Practice Settings and Community Based Events to promote Medical and Dental Homes
- How? = Practice Improvement Strategies

Plans and Providers

Recommendations:

- 1. Administrative Home in Center for South Texas Programs, HSC
- 2. Delegate Presidential Authority necessary to achieve collaboration
- 3. Augment Health Policy, Evaluation and Engagement capacity of HSC
- 4. Formalize alliances with academic partners and private sector organizations

How to make this happen?

- Regional in scope; 38 counties of South Texas
- Fully integrated entity of the HSC since 1996
- Strong history with community based health providers
- Regional Administration
- Crosses all health professions programs and services
- Community outreach and education focused
- An advocate and trusted ally for the optimal health of the citizens of South Texas

Why CSTP?



Provider Networks to Achieve Medical/Dental Homes – Operations Teams	Resources to Increase Access – Strategic Planning and Development Team		Evaluation to Assure Objectives Met – Evaluators
Partner with network(s) of providers (medical, dental, mental health) who provide screening and referral beyond primary specialty to improve health status.	Organize cost effective services models that support multiple providers and reduce cost: • Case management • Outreach and Education • Practice Enhancement Assistance • EPSDT Electronic Registry		Provide infrastructure support for providers and provider groups to measure effectiveness of all measures needed to establish medical/dental homes for south Texas children as well as establish sustainability plans for the future.

3-Pronged Approach

Center for South Texas Programs/HSC

AHEC, Department of Family and Community Medicine, Department of Pediatrics/Community Pediatrics, Department of Psychiatry, School of Dentistry, School of Nursing, School of Allied Health, School of Public Health, Southwest Research Institute

in partnership with

Community First Health Plans, University Health System, Metro Health, Region 8 Department of State Health Services, Texas Association of Local Health Officials, Hospitals, Clinics, Promotores Networks, School Districts, Faith Based Organizations, etc.

Alliance Partners

- Practice Improvement Strategies: Peer Advocates and Practice Enhancement Specialists
- Outreach/Case Management: Promotores, Community Health Workers, Patient Navigators
- Electronic Resources: Computers, Shared Electronic Record
- Rapid Cycling Performance Improvement

Resources to Providers

Did we Move the Dial?

- Increase the number of children who receive THSteps medical and dental checkups
- Increase participation of medical and dental providers who serve children in the Texas Medicaid program
- Improve appropriate utilization of medically necessary services
- Improve coordination of care
- What policy issues did we discover?
- How do we sustain and expand the model?

Evaluation

- 7-County Area: 184,535 Enrolled Children
- 86.8% reside in Bexar County
- 58% of enrolled Bexar County children had 1 EPSDT screen
- 135 practices in 7-county area that participate in THSteps
- 3 Health Plans: Community First, Aetna, Superior



\$35 million: Seven Counties

- \$18 million Administration and Community Outreach
- \$5 million Marketing
- \$2 million Evaluation
- \$5 million Electronic Record (initial cost)
- \$5 million Equipment/Computers for Practices (initial cost)
- or \$189 per enrolled child initial costs; \$135 recurring

How much will this cost?

- Center for South Texas Programs
- Family and Community Medicine
- South Central AHEC
- School of Public Health
- Community Pediatrics
- Pediatrics Department
- School of Nursing

- Community First Health Plans
- Voices for Children
- Edgewood Family Network
- Southwest Research Institute
- School of Dentistry
- Methodist Ministries
- University Health System
- Metro Health

Discussion Group: ¡Mil Gracias!