



Provider: University of Texas Health Science Center San Antonio
 IGT: University of Texas Health Science Center San Antonio

Provider Response to RHP 5 Proposal for Additional Funds

Performing Provider Name: [The University of Texas Health Science Center San Antonio- RHP 05](#)

IGT Entity Supporting Requested Funds: (Required) [The University of Texas Health Science Center San Antonio- RHP 6](#)

Estimated Valuation by Waiver Year:

DY 7 (2017-2018)	Amount: \$500,000	IGT: \$ 215,000
DY 8 (2018-2019)	Amount: \$500,000	IGT: \$ 215,000
TOTAL REQUEST:	Amount: \$ 1,000,000	IGT: \$ 430,000

Proposed System Definition: [The University of Texas Health Science Center San Antonio \(UTHSCSA\) proposed system definition for DY 7 – 8 is contracted primary care, community based clinics. These will include Su Clinica and Rio Grande State Center. During DY 2 – 6 we have developed a strong collaborating with to implement various DSRIP projects.](#)

Counties Served by Provider: [Hidalgo, Cameron, and Willacy Counties](#)

Medicaid and Low Income or Uninsured Patient Population by Provider (PPP) Estimate: [Both Su Clinica and Rio Grande State Center serve Medicaid and low-income uninsured \(MLIU\) patients. The MILU rates are as follows-](#)

Clinic Partner	PPP	% of PPP that is MLIU
Su Clinica	27,197	77%
Rio Grande State Center	2,077	88%
Total	29,274	78%

Identified Community Needs to be addressed with Requested Funds: [The 2012 RHP 5 Community Needs Assessment established 4 needs, 3 of which are being addressed through the current UTHSCSA DSRIP projects. With the additional funds, we plan to expand the services that addressing these needs-](#)

- CN.1 Shortage of primary and specialty care providers and inadequate access to primary or preventive care
- CN.2 Shortage of behavioral health care professionals and inadequate access to behavioral health care
- CN.4 Lack of Patient- Centered Care

Outcome Measure(s) Expected to Address Identified Community Needs: [UTHSCSA is presently conducting an assessment to determine preliminary baselines of various Measure Bundle outcomes. The bundle measures that align with the collaborative work we are currently doing are as follows:](#)

- Bundle A1: Improved Chronic Disease Management: Diabetes Care
- Bundle A2: Improved Chronic Disease Management: Heart Disease
- Bundle C1: Primary Care Prevention - Healthy Texans
- Bundle H1: Integration of Behavioral Health in a Primary Care Setting

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We are gathering the preliminary baselines to inform our specific selection of bundles. UTHSCSA will have a Minimum Point Threshold of 20 points in DY 7 - 8. We are prepared to select enough bundles to reach the 20 points and additional points if this proposal for additional funds is selected.

Anticipated Core Activities Expected to Impact Identified Outcome Measure(s): The additional funds will allow us to expand our services in order to address the community needs more effectively. With the move to Measurement Bundle reporting, we must ensure that outcomes are achieved across the broader system population. As a result, there is a great need to bolster our services so that more patients can be served. These core activities will be implemented in collaboration with the following community partners- Tropical Texas Behavioral Health, Proyecto Juan Diego, Su Clinica, Rio Grande State Center, Valley Baptist Medical Center, Rio Grande Valley Health Information Exchange, UT School of Public Health, and 9 city municipalities.

These core activities include-

- Providing funds to outpatient clinics to increase the number of providers and expand patient panels. (Addressing CN.1)
- Collaborating with clinic partners to advance the Patient Centered Medical Home model of care. (Addressing CN.1 and CN.4).
- Connecting patients to a Medical Home through our collaborative efforts with Su Clinica and Rio Grande State Center. (Addressing CN.2)
- Providing care coordination through our Chronic Care Management program and Mobile Clinic Navigation program. (Addressing CN.4)
- Ensuring that diabetic patients receiving Chronic Care Management services are screened and connected to behavioral health services if needed. This is achieved through our collaboration with Tropical Texas Behavioral Health. (Addressing CN.2).
- Expanding services tested under other funding to create integrated behavioral health services at Su Clinica and Rio Grande State Center (Addressing CN.2)
- Empowering patients to make lifestyle changes to stay healthy and self-manage their chronic conditions. (Addressing CN.4)
- Offering culturally and linguistically appropriate education on diabetes, hypertension, nutrition, and obesity. (Addressing CN.4)
- Implementing care teams that are tailored to the patient's health care needs that include non-physician health professionals such as Community Health Workers providing care coordination and follow ups outside of the clinic settings through home and phone visits; diabetes educators providing community based education; pharmacist conducting medication therapy management; and Social Workers helping connect patients to community resources. (Addressing CN.4)
- Community Health Workers creating a culture of health through community based wellness programs to promote preventive care. (Addressing CN.1)

Sustainability Efforts: As DSRIP continues to be an incubator for Value Based Purchasing, our sustainability efforts are primarily centered around collaboration with other clinical and non-clinical providers to provide wrap around services that are both effective in improving care and which results in reducing cost. Our clinical-community approach addresses the social determinants. We continue to compete for grant funds that will allow us to implement innovative care service models to advance quality improvement. We also are working with partners to create a comprehensive care model where the navigation, outreach and continuity of care services are cost reimbursable.

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For Questions or Comments-

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