An Accountable Response to the Looming Crisis in Healthcare

- 1. Community Health. "Community health" is our system that includes trauma and emergency care and care for those unable to pay the entire cost of their care. It is the system that must assure that we have well trained medical professionals and the right facilities and equipment in our emergency rooms when they are needed and that we provide access to healthcare to all in our community. We pay for "community health" now through (i) local property tax dollars, (ii) federal Medicare and Medicaid dollars, (iii) the absorption of uncompensated care by our existing healthcare providers, and (iv) payment by employers and employees of higher rates for health insurance. Our current system is failing, is not adequately funded and is unfairly funded.
- 2. Central Texas Healthcare Facts
 - (a) Health insurance rates in Central Texas are among the highest in the nation and rising.
 - (b) Based on the current patient mix in Central Texas, 35% of patients with employer paid plans are subsidizing all other patients (25% with no insurance and 40% Medicaid and Medicare).
 - (c) Emergency room visits at area hospitals increasing at about 8% per annum.
 - (d) At least 25% of patients in hospital emergency rooms have no insurance or other financial resources with which to pay for services they receive.
 - (e) The cost of treating a patient in the emergency room of a hospital is many times more expensive than other alternatives.
 - (f) Most of our hospital emergency rooms are frequently on diversion (Brack > 30%).
 - (g) At least 25% of the patients in our emergency rooms can be treated as well in a doctor's office as in an emergency room.
 - (h) Our community is short 73 emergency room beds.
 - (i) Four additional trauma crash rooms are needed at Brackenridge with no space available until 2007.
 - (i) More than 25% of all trauma patients at Brackenridge are from outside the City of Austin.
 - (k) Our public and primary care health clinics (City, County, Peoples, Seton, El Buen) are full and people are being turned away.
 - (I) We are dramatically under-served in the area of inpatient psychiatric beds.
 - (m) We have no psychiatric emergency facility.
 - (n) Our tax spending for "community health" is substantially less than in other Texas cities (approximately \$.073 per \$100 of assessed valuation for City of Austin residents and \$.013 per \$100 for those outside the City but in Travis County versus more than \$.20 per \$100 in most other major metropolitan areas).
 - (o) Those living in the City are now paying more than 5½ times the tax rate for community health paid by Travis County residents outside the City.
 - (p) Those living outside of Travis County pay no taxes in support of the trauma and emergency infrastructure they can access in Travis County.
 - (q) Expansion of uncompensated care by our hospital systems is not sustainable.
 - (r) We are the only major metropolitan area in Texas without a hospital district or a medical school.
- 3. Groups That Have Worked On The Problem; Process.
 - (a) 1997 City/County Task Force.
 - (b) Steering Committee formed in 2002.
 - (c) 2003 Legislation.
 - (d) Election set by Travis County Commissioners for May 15, 2004.
- 4. Short Term Steps.
 - (a) Form a countywide hospital district under the 2003 legislation by passing the referendum on May 15, 2004.
 - (b) Independent and balanced Board of Managers.
 - (c) Focus the district on third party operations (Seton, UTMB, new clinic operator and others); establish competitive model.
 - (d) Work collaboratively with hospitals to add crash rooms at Brack by 2007 and strengthen trauma and emergency care.
 - (e) Consolidate City and County health clinics in new nonprofit corporation that is FQHC qualified and staffed by existing City of Austin employees.
 - (f) Support Project Access (doctors providing free care).
 - (g) Incorporate digitized records system and other efficiencies developed by the Indigent Care Collaboration.
 - (h) Expand clinic hours and personnel.
 - (i) Develop plan for expansion of psychiatric beds in Central Texas, psychiatric emergency room and substance abuse center.
 - (j) Consider establishment of "urgent care" facilities in lieu of additional emergency room capacity.
- 5. Long Term.
 - (a) Seek legislation that enables multi county district and work collaboratively with other counties to build a truly regional system.
 - (b) Work to bring more academic medicine resources to Central Texas.
 - (c) Work to develop other tax bases in addition to property tax.
 - (d) In collaboration with existing providers, develop low cost health program that enables expansion of insured pool.
- 6. General Strategic Directions.
 - (a) Avoid bricks and debt (use existing facilities and pay as you go).

- (b) Spread out care do not concentrate it at Brack.
- (c) Focus away from hospitals and emergency rooms.
- (d) Build competitive model.

7. Legislation Passed in 2003 Legislative Session.

- (a) Hospital District would be created by election of Travis County voters. District would be governed by a board of 9 healthcare and finance experts appointed by the Austin City Council and Travis County Commissioners Court (4 City, 4 County, 1 joint),
- (b) Merges City of Austin and Travis County healthcare budgets in the District budget and provides that City and County may no longer tax for these purposes and that City and County property taxes must be correspondingly reduced.
- (c) Caps the property tax rate of the District at \$.25 per \$100 of assessed valuation (1/3 of the maximum rate permitted by the Texas Constitution).
- (d) Provides flexibility as to how services will be provided.
- (e) Travis County Commissioners Court approves the budget and sets the tax rate.

8. What the District Will Own Initially.

- (a) Brackenridge Hospital subject to Seton lease (Seton will operate the hospital under the lease) and contract with UTMB (with UTMB to operate the Women's Hospital).
- (b) 12 City and County health clinics (some will be leased).

9. What Happens to Property Tax Rates Initially.

- (a) City taxpayers now pay about \$.073 per \$100 of property value for community health (\$.06 in City of Austin taxes and \$.013 in County taxes).
- (b) Travis County taxpayers now pay \$.013 per \$100 for community health.
- (c) Out of county residents pay no taxes for regional trauma and emergency care infrastructure at Brackenridge and other hospitals in Travis County.
- (d) If District is formed and includes all of City of Austin and Travis County, a District tax rate of \$.073 covers current function and adds between \$4 and \$6 million per year.
- (e) If District is formed, City and County property taxes for healthcare would be eliminated. Taxpayers living in Travis County but outside the City of Austin will experience an increase to bring them up to the countywide rate. Homeowners in the City would pay the same amount of taxes (perhaps a little less because of the homestead exemption).
- 10. <u>Taxes in the Long Term.</u> In the long term, unless federal and state funding trends change, local tax support for community healthcare will need to increase if adequate trauma and emergency services and reasonable access to healthcare are to be maintained. This will be the case whether or not we have a hospital district.

11. Arguments in Favor of the District.

- (a) Injects approximately \$5,000,000 more a year toward solutions. More resources
- (b) It is only fair that taxpayers throughout the county pay the same rate. Tax fairness
- (c) Sets the stage for multi county collaboration and funding. More tax fairness and regional efficiencies
- (d) Consolidates functions of City and County into one entity and incorporates free market concepts. Efficiency
- (e) Enables independent Board of Managers to hold providers accountable for service and cost. Accountability
- (f) Creates budget transparency by isolating healthcare portion of the budget. <u>Transparency</u> (Attachments A and B)

12. Arguments You May Hear Against the District.

- (a) Creates new taxing entity that will dramatically increase taxes. (We are already paying property taxes for community health. The district will not be an independent taxing authority)
- (b) Charity should take care of these people. (The problem is too big)
- (c) Property taxes are already too high. (Agreed. The proposed district is intended to bring focus and accountability to the healthcare portion of our taxes)
- (d) The new district does not generate enough new dollars to solve the problem. (These issues will need to be dealt with incrementally)
- (e) We should not create any district that is not multi county. (We could never get to a multi county solution from a standing start)

13. Support.

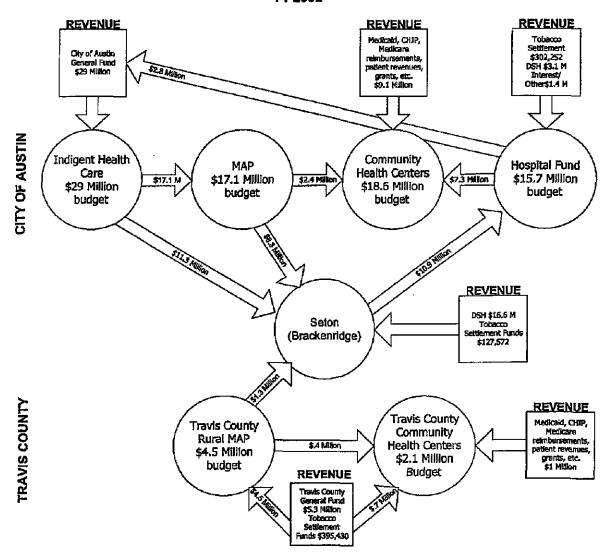
- (a) Steering Committee (Attachment C)
- (b) Endorsements (Attachment D)
- (c) Partial list of financial supporters (Attachment E)

14. What You Can Do.

- (a) Go to the website (www.healthytraviscounty.com).
- (b) Sign up to help.
- (c) Send a check to Citizens For Central Texas Health, c/o Ed Adams, P.O. Box 28096, Austin, Texas 78755-8096.
- (d) Vote on or before May 15, 2004.
- (e) E-mail or write your friends and colleagues.

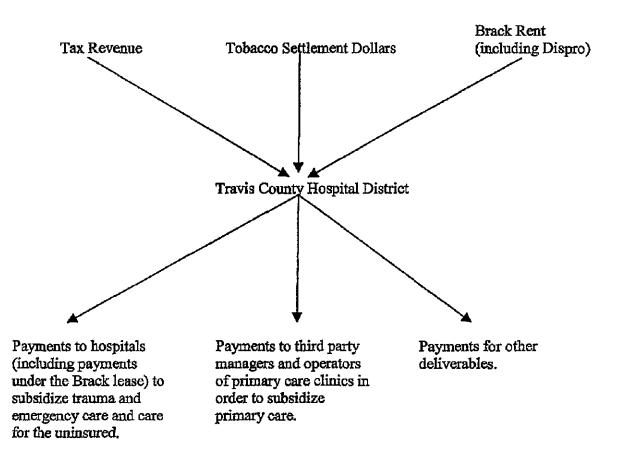
ATTACHMENT A

Expenditures by the City of Austin and Travis County FY 2002



ATTACHMENT B

Theoretical Flow of Funds for Travis County Hospital District



ATTACHMENT C

TRAVIS COUNTY HOSPITAL DISTRICT

STEERING COMMITTEE

Mr. Clarke Heidrick - CHAIRMAN

Attorney, Graves, Dougherty, Hearon & Moody

Mr. Lowell Lebermann - VICE CHAIR

Owner, Centex Beverage, Inc.

Mr. Ed Adams

Retired IBM Executive

Dr. Robert E. Askew, Sr.

Physician and Past President, Travis County Medical Society

Ms. Michelle Augustine

Health Care Committee Chair, League of Women Voters

Ms. Bobbie Barker

Regional Vice President, Texas Gas Service

Honorable Gonzalo Barrientos

State Senator

Honorable Sam Biscoe

Travis County Judge

Mr. Russell Bridges

3M Corporation

Ms. Amber Carden

Bank of America

Dr. Kit Chenault

Physician and President, Travis County Medical Society

Dr. Norman Chenven

Austin Regional Clinic

Mr. Marshall Cothran

Executive Director, Travis County Medical Society

Dr. Pat Crocker

Physician and Director, Brackenridge ER Dept.

Ms. Susan Dawson

President and Co-Founder, Athens Group

Mr. Sandy Dochen

Manager of Corporate Community Relations

IBM Corporation

Honorable Dawnna Dukes

State Representative

Ms. Anne Dunkelberg

Center for Public Policy Priorities

Ms. Betty Dunkerley

City Council Member, City of Austin

Dr. James R. Eskew

Physician and Past President, Travis County Medical Society

Mr. David Evans

Executive Director, Austin/Travis County MHMR

Mr. Gary Farmer

President, Heritage Title Company

Mr. Jon Foster

President and CEO, St. David's Healthcare Partnership

Mr. Gus Garcia

Former Mayor, City of Austin

Mr. Jesus Garza

President/CEO

Brackenridge, Seton Southwest, Seton Edgar B. Davis and

Seton Highland Lakes Hospitals

Mr. Jack S. Gray, Jr.

Managing Director, Gigared

Ms. Sherri Greenberg

LBJ School of Public Affairs

Mr. Jeff Hart

Attorncy, Cardwell and Hart

Dr. Patricia Hayes

Executive VP & COO, Seton Healthcare Network

Honorable Guy Herman

Travis County Probate Judge

Mr. David Herndon

Attorney, Graves, Dougherty, Hearon & Moody

Mr. David W. Hilgers

Attorney, Brown & McCarroll

Mr. James Huffines

President, PNB Financial Corporation

Honorable Terry Keel

State Representative

Ms. Brittan King

Registered Nurse, Brackenridge Hospital

Ms. Ann Kitchen

Navigant Consulting

Mr. Gregg Knaupe

Texas Hospital Association

Dr. Neal Kocurek

Chairman, St. David's Healthcare System

Reverend Sterling Lands

Pastor, Greater Calvary Baptist Church

Mr. Herman L. Lessard, Jr.

President and CEO, Austin Area Urban League

Mr. Michael R. Levy

Founder & Publisher, TEXAS MONTHLY

Ms. Rebecca S. Lightsey

Colonia Program Director, Community Resource Group

Mr. Lewis "Lew" Little, Jr.

CEO, Harden Healthcare

Dr. Bruce Malone

Physician

Mr. Steve Mattingly

The Gottesman Company

Ms. Myra A. McDaniel

Attorney

Bickerstaff-Heath-Smiley-Pollan-Kever & McDaniel LLP

Dr. Tom McHorse

Physician and Past President, Travis County Medical Society

Ms. Mary-Lou McLain

Registered Nurse

Dr. James P. McMichael

Physician

Honorable Elliott Naishtat

State Representative

Dr. Nona Niland

Physician

Ms. Patricia C. Ohlendorf

Vice President, Institutional Relations and Legal Affairs

University of Texas at Austin

Ms. Glenda Parks

Planned Parenthood

Mr. Rafael Quintanilla

Attorney

Dr. George P. Rodgers

Physician and President, Austin Heart

Honorable Eddie Rodriguez

State Representative

Mr. Mike Rollins

President and CEO, Greater Austin Chamber of Commerce

Ms. Therese Ruffing

Attorney

Dr. Catherine Scholl

Physician and Past President, Travis County Medical Society

Mr. Allan Shivers, Jr.

Shivers Group

Mr. Clint Smith

Gray Panthers

Ms. Karen M. Sonleitner

Travis County Commissioner

Mr. Robert W. Spurck, Jr.

Austin Diagnostic Clinic

Mr. Steve Taylor

Applied Materials

Mr. Tim Taylor

Attorney, Jackson & Walker, LLP

Ms. Mary Teeple

Community Volunteer

Ms. Michele Barbero Thompson

Vice President of Business Operations and Legal Affairs

Pervasive Software

Mr. Bruce Todd

Former Mayor of Austin;

Managing Director, Winstead Consulting

Mr. F. Gary Valdez

President, Focus Strategies, LLC

Mr. Kirk P. Watson

Former Mayor of Austin; Chair Elect of Greater Austin Chamber of Commerce; Attorney, Watson, Bishop, London &

Galow, PC

Dr. Diana Weihs

Physician

Honorable Jeff Wentworth

State Senator

Mr. Pete Winstead

Attorney, Winstead, Sechrest & Minick

Mr. Will Wynn

Mayor of City of Austin

Mr. Howard Yancy

President, Zydeco Development

ATTACHMENT D

TRAVIS COUNTY HOSPITAL DISTRICT

Endorsements through March 19, 2004

Travis County Medical Society

Over 500 physicians in Travis County

St. David's Healthcare Partnership

Seton Healthcare Network

Austin-Travis County MHMR

Peoples Community Clinic

League of Women Voters of Austin

Gray Panthers

Austin Psychiatric Society

The Capital Area Psychological Association

Austin Council of PTAs

Austin Police Association

American Cancer Society

Austin Diagnostic Clinic

Austin Area Human Services Association

Disability Assistance of Central Texas (DACT)

Mental Health Association in Texas

Capital Area Progressive Democrats

Texas Nurses Association, District 5 (Central Texas)

Family ElderCare

Austin Advanced Practice Nurses

Physicians for Social Responsibility

Travis County Democratic Party

Amigos en Azul

Greater Austin Chamber of Commerce

Hispanic Chamber of Commerce

Austin Area Association of PeriOperative Registered Nurses

Austin Firefighters Association

South Austin Democrats

Austin Area Urban League Board

ATTACHMENT E

Partial List of Business and Healthcare Financial Support

Advanced Micro Devices
Applied Materials
Bank of America
Constructors & Associates
Liberty Bank
Dell
3M
HEB
Centex Beverage
Brown McCarroll

Fulbright & Jaworski
The Gottesman Company
Graves, Dougherty, Hearon & Moody
Heritage Title Company
Jackson Walker LLP

SBC

Vinson & Elkins
Healthcare Facilities Development Corporation
St. David's Healthcare Partnership
Seton Healthcare Network
Austin Pathology Associates
Capital Anesthesiology
Austin Radiological Association

Frost Bank Wells Fargo