

Prioritized List of Three-Year DSRIP Projects for DY3-5
RHP 5

Estimated RHP Funds Remaining FOR DY3-5 as of 10/1/13

DY3	DY4	DY5
\$118,826,688	\$125,806,769	\$137,320,526

\$381,953,982

Priority #	Performing Provider Name	Project Option	Project Title	Brief Project Description	Estimated total project value DY3	Estimated total project value DY4	Estimated total project value DY5	IGT Entity Name(s)	Justification for Priority # (e.g. meets a key community need, meets a gap in current DSRIP project portfolio for region, serves large % of Medicaid/low-income uninsured population, large quantifiable patient impact). Include project score if scoring system was used to evaluate projects.
1	Columbia Valley Healthcare System, LP, d/b/a Valley Regional Medical Center	2.12.2	Implement Care Transition Programs Focused on Chronic Disease Management	Valley Regional intends to implement a program to facilitate the transition of care for patients with diabetes.	\$1,267,136.45	\$1,355,541.32	\$1,377,322.23	Cameron County Healthcare Funding District	This project meets key community needs related to diabetes patients in the region; the RHP 5 plan describes diabetes related illnesses as this region's key health challenge. This project will serve a large portion of Medicaid / low-income patients. Additionally, this project seeks to improve the innovation of care and patient-centered care, community needs 3 and 4. Valley Regional estimates this project will have 12,000 patient encounters over the three demonstration years. Score: 7.3895
2	Tropical Texas Behavioral Health	1.12.3	Enhance service availability (i.e., hours, locations, transportation, mobile clinics) of appropriate levels of behavioral health care. Develop and staff a number of mobile clinics that can provide access to care in very remote, inaccessible, or impoverished areas of Texas.	This project will fund the acquisition and operation of two mobile clinics to provide access to comprehensive behavioral health care to individuals and families living in the numerous colonies and other outlying areas in Hidalgo and Cameron counties. The project will enable more individuals to receive treatment for mental illness by bringing clinical staff to the residents of the colonies (physically or by telemedicine) instead of requiring them to travel to receive services.	\$472,670.80	\$1,039,247.55	\$1,984,018.04	Tropical Texas Behavioral Health	<ul style="list-style-type: none"> Meets a key community need Meets a gap in current DSRIP project portfolio for region Serves large % of Medicaid/low-income uninsured population Large quantifiable patient impact Score: 7.1255
3	Rio Grande Regional Hospital	2.6	Reducing the incidence of diabetes in school-aged residents	Establish interventions that focus on evaluation, education, nutrition, and ongoing assessment to reduce the incidence of diabetes and help our school aged diabetic population better manage their disease.	\$341,176.00	\$1,023,530.00	\$1,535,294.00	Hidalgo County through the Local Provider Participation Fund	Serves large percent of Medicaid/low income uninsured population Score: 7.125
4	Rio Grande Regional Hospital	2.6	Reduce Complications of School Aged Asthma	Implement an evidence based program targeting school aged asthma interventions. Establish community outreach and school-based interventions focusing on evaluation, education, and assessments for asthmatic children.	\$341,176.00	\$1,023,530.00	\$1,535,294.00	Hidalgo County through the Local Provider Participation Fund	Serves large percent of Medicaid/low income uninsured population Score: 7.065
5	Harlingen Medical Center	2.12.1	Implement/Expand Care Transitions Programs: Develop, implement, and evaluate standardized clinical protocols and evidence-based care delivery model to improve care transitions	This project will improve care transitions so that patients receive appropriate and timely follow-up care and avoid preventable re-hospitalizations. This project will adopt a proven care transitions model for patients at risk of readmission, develop standardized clinical protocols and a care delivery model, implement optimum hospital discharge planning and processes, connect patients to outpatient settings for timely access to care following a hospitalization, use data and information to drive decision-making and promote care coordination, and conduct quality improvement. We plan to utilize care transitions nurses to meet with patients from the time they are admitted through their discharge. After discharge, the nurses make home calls, ensuring medications and discharge instructions are being followed and patients are attending follow-up appointments with primary care physicians. The overall goal of this project is to implement smooth transitions of care from inpatient to outpatient settings so that patients being discharged understand the care regimen, have follow-up care scheduled, and are at reduced risk of avoidable readmissions.	\$500,000.00	\$500,000.00	\$500,000.00	Cameron County via the Local Provider Participation Fund	<p>As sited in the community needs assessment, the region experiences: a shortage of primary and specialty care providers (CN.1), inadequate integration of care for individuals with multiple health issues (CN.3), and a lack of patient-centered care (CN.4). Many patients do not receive appropriate, ongoing care in community-based settings. This project would improve care transitions from the hospital so that patients receive the post-hospitalization care they need, reducing the risk of re-hospitalizations.</p> <p>This project will serve 5,459 unique individuals in DY 4 and 5,500 unique individuals in DY 5 according to care transitions guidelines. Of those patients, we estimate approximately 26% would be Medicaid, indigent, or uninsured. Score: 7.0425</p>
6	UT Health Science Center Houston	2.1.3	Implement medical homes in HPSA Brownsville Community Health Center	The UTHSC Houston School of Public Health Campus-Brownsville (UTHealth) proposes to work with Brownsville Community Health Center to implement a certified patient centered medical home (PCMH) model of care to provide safety net primary healthcare services to targeted patients who live in HPSA, rural, and impoverished areas of Cameron County.	\$1,422,921.01	\$1,636,640.75	\$1,656,927.52	UT Health Science Center Houston	Meets a key need of chronic disease (diabetes) control and management. Fills a gap in the RHP5 DSRIP program for controlling chronic disease by addressing the need for Patient Centered Medical Homes in RHPS. Will serve primarily Medicaid/ low income uninsured population that suffers excessively with chronic disease and poor access to health services. This program is closely allied with the existing, approved Chronic Care Management program underway in Cameron County. This will substantially increase the ability of BCHC to manage more chronic disease patients. Score: 7.0245
7	Doctors Hospital at Renaissance	1.1.2	Expanding Service Capacity at the HOPE Clinic	DHR is proposing to expand the service capacity at the HOPE clinic. This clinic serves as a beacon of hope for those that are in dire need with no where to go. Through available resources within the waiver, more providers can be brought in, hours will be expanded, and this clinic will be able to service more patients that are uninsured.	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Hidalgo County through the Local Provider Participation Fund	RHP5 has a population where roughly 1 out of 3 people live uninsured. DHR services, on average, 180,000 patients a year, 12 percent of which are uninsured. Of the current disparities that are within RHP5, the population most at risk are those that are uninsured. Nationally, non-elderly, uninsured people are twice at risk for developing chronic conditions as they forego regular primary health care. This 33 percent of population typical accounts for the majority of healthcare spending throughout the entire system. Expansion of a safety-net resource such as the HOPE clinic is critical in sustaining the healthcare system within this community. Score: 6.968
8	Columbia Valley Healthcare System, LP, d/b/a Valley Regional Medical Center	1.9.2	Expand Specialty Care Capacity - Improve Access to Specialty Care	Valley Regional intends to improve access to specialty care by expanding the hours of availability for its diabetes clinic.	\$866,995.52	\$948,878.92	\$964,125.56	Cameron County Healthcare Funding District	This project meets key community needs related to diabetes patients in the region; the RHP 5 plan describes diabetes related illnesses as this region's key health challenge. This project will serve a large portion of Medicaid / low-income patients. Additionally, this project seeks to improve the innovation of care and patient-centered care, community needs 3 and 4. Valley Regional estimates this project will have 4,500 patient encounters over the three demonstration years. Score: 6.941
9	McAllen Hospital LP dba South Texas Health System	1.1.3	Mobile Clinic	Develop a Mobile Primary Care Unit	\$1,184,211.00	\$771,536.00	\$1,350,454.00	Hidalgo County through the Local Provider Participation Fund	Community needs, services large % of Medicaid/low-income population Score: 6.8665
10	McAllen Hospital LP dba South Texas Health System	1.14.1	Psychiatric Access	Increase capacity to provide Psychiatry Services through two Psychiatrists	\$3,291,206.00	\$2,753,893.00	\$3,584,745.00	Hidalgo County through the Local Provider Participation Fund	Community needs, services large % of Medicaid/low-income population Score: 6.8585
11	Rio Grande Regional Hospital	2.12.2	Emergency Department Care Transitions	Improving the efficiency of emergency department operations from initial triage and coordination efforts to the follow up care and partnership with community providers and finally to the transition to post acute care.	\$1,306,261.00	\$5,225,888.00	\$6,967,851.00	Hidalgo County through the Local Provider Participation Fund	Large quantifiable patient impact Score: 6.8515
12	McAllen Hospital LP dba South Texas Health System	2.16.1	Tele-Psych	Implement a Telemedicine program with Psychiatric Specialists	\$1,875,193.00	\$1,892,001.00	\$2,873,509.00	Hidalgo County through the Local Provider Participation Fund	Community needs, services large % of Medicaid/low-income population Score: 6.774
13	Doctors Hospital at Renaissance	1.2.4	Establish Primary Care/Preventive Medicine Residency Training Program at DHR	Doctors Hospital at Renaissance (DHR) proposes to create an ACGME-accredited primary care preventive medicine residency training program at DHR in collaboration with The University of Texas, adding faculty, resident trainees, and graduates to the primary care physician workforce in RHP 5.	\$3,600,000.00	\$3,895,000.00	\$3,475,000.00	The University of Texas Health Science Center at San Antonio	Meets a key community need for more primary care physicians and serves a large % of Medicaid/low-income uninsured population. Score: 6.7165

14	Harlingen Medical Center	2.11.2	Conduct Medication Management. Evidence-based interventions that put in place the teams, technology and processes to avoid medication errors	This project will implement a medication management program using an outpatient pharmacist, electronic medical records, and computerized physician order entry (CPOE). The medication management program will conduct medication reconciliation, track medications being taken by patients (including use of printed lists), and monitor medication administration. Medication management can help increase patient compliance with an appropriate medication related treatment. Such a program improves patient safety and clinical outcomes because proper medication usage helps patients to control health conditions and improve health outcomes, as well as prevent readmission due to non-adherence to the prescribed medication regimen.	\$500,000.00	\$500,000.00	\$500,000.00	Cameron County via the Local Provider Participation Fund	As sited in the community needs assessment, the region experiences inadequate integration of care for individuals with multiple health issues (CN.3) and a lack of patient-centered care (CN.4). Many patients do not understand their care regimen or may be receiving contradicting information from various providers. This project would improve medication management so that patients – particularly those with multiple health issues – are appropriately and safely using medications to improve their health. This project will provide medication management services to 5,459 unique individuals in DY 4 and 5,500 unique individuals in DY 5. Of those patients, we estimate approximately 26% would be Medicaid, indigent, or uninsured. Score: 6.676
15	UT Health Science Center Houston	2.7.5	Implement innovative Evidence-based Strategies to Reduce and Prevent Obesity in Children and Adolescents	UTHealth proposes to implement the MEND Community Based Obesity Prevention Program to address the obesity epidemic by applying a nationally recognized and scientifically sound method for supporting and coaching underserved and minority families to achieve better nutrition and physical activity habits. We will use one of the most thoroughly researched (129) and proven obesity prevention programs in the world: MEND (Mind, Exercise, Nutrition ... Do It!). MEND was developed in the United Kingdom in 2001 and has since then been delivered and evaluated in Europe, Australia, Canada and the United States. In Texas, MEND is currently being delivered in Austin, Dallas and Houston, where it is the focus of a large randomized control trial (RCT) study funded by the U.S. Centers for Disease Control and Prevention (CDC). The Texas research team includes senior faculty from the University of Texas Health Science Center (UTHEATH) School of Public Health at Austin among others. MEND's evidence base, clinical rigor and academic links are significant differentiators in a healthcare marketplace that demands measurable outcomes and clinical effectiveness. In the area of community-based child weight management, MEND is the only program with a completed successful RCT showing efficacy on a wide range of health and psychosocial outcomes. Evaluation of over 10,000 children in the UK and 1,660 in the US has demonstrated similar effectiveness when the program was delivered at scale by leaders from diverse backgrounds and varied settings (130). The RCT results (131) demonstrated that children who attended the MEND 7-13 program, compared to controls, had a statistically significantly reduced waist circumference, zBMI score and increased their cardiovascular fitness, physical activity levels and self-esteem at 3 and 6 months. Half the children were then followed up at 12 months where the majority of outcomes were either improved or sustained.	\$1,090,645.83	\$1,850,345.83	\$1,847,233.33	UT Health Science Center Houston	Meets a key need of chronic disease (diabetes) control and management. Fills a gap in the RHP5 DSRIP program for controlling chronic disease by addressing the very important issue of childhood obesity. This is an international evidence based program that is intended to take root in our region and become one of the standards for reducing childhood obesity. Our childhood obesity rate is nearly 50%, one of the highest reported. We must address this issue, and this is the only program in the RHP5 DSRIP portfolio that specifically targets childhood obesity. Score: 6.6685
16	Rio Grande Regional Hospital	1.1.2	Expand Obstetrical and Gynecological Care Capacity	Expand provision primary care in the region by adding OB/GYN care capacity in the existing community clinics by recruiting one new primary care provider for OB/GYN Care Capacity, and at least one additional patient navigator serving the five existing OB/GYN clinics.	\$439,622.00	\$890,189.00	\$880,189.00	Hidalgo County through the Local Provider Participation Fund	Serves large percent of Medicaid/low income uninsured population Score: 6.642
17	Doctors Hospital at Renaissance	1.9.2	Increasing clinic locations of the Joslin Diabetic Clinic	DHR is increasing the site locations of the Josline Diabetes Center in an effort to increase diabetes care through out RHP5. The center is projected to be located within Starr County which is has been historically medically underserved with high percentages of diabetes.	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Hidalgo County through the Local Provider Participation Fund	Meets a key community need for more specialized clinics that address the diabetes epidemic through RHP5. It also meets a long-time regional need for increased, specific studies conducted on this unique region with such high poverty & chronic condition rates. Score: 6.5755
18	McAllen Hospital LP dba South Texas Health System	1.2.4	Pedi Residency Program	The project is designed to improve patient access to primary care by increasing the physician workforce in RHP 5, a designated health care provider shortage area (HPSA)	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Hidalgo County through the Local Provider Participation Fund	Community need, services large % of Medicaid/low-income population. Score: 6.466
19	Rio Grande Regional Hospital	2.6	Lactation Program Enhancement	Utilize lactation specialists and RNs to increase new mother's exposure to educational material surrounding the benefits of breastfeeding and establish new clinic space within the hospital to focus these efforts. This project would include a supplemental visit from the lactation outreach team.	\$348,286.00	\$1,393,592.00	\$1,858,122.00	Hidalgo County through the Local Provider Participation Fund	Large quantifiable patient impact and serves large percent of Medicaid/low income uninsured population. Score: 6.416
20	Columbia Valley Healthcare System, LP, d/b/a Valley Regional Medical Center	2.6.1	Implement Evidence Based Health Promotion Programs	Valley Regional intends to implement evidence based health promotion in Cameron County, Texas to target reducing the incidence of diabetes in school-aged residents through school-based interventions.	\$696,925.05	\$745,547.73	\$757,527.23	Cameron County Healthcare Funding District	This project meets key community needs related to diabetes patients in the region; the RHP 5 plan describes diabetes related illnesses as this region's key health challenge. This project will serve a large portion of Medicaid / low-income patients. Additionally, this project seeks to improve the innovation of care and patient-centered care, community needs 3 and 4. Valley Regional estimates this project will have 3,750 patient encounters over the three demonstration years. Score: 6.4155
21	Tropical Texas Behavioral Health	1.12.1	Enhance service availability (i.e., hours, locations, transportation, mobile clinics) or appropriate levels of behavioral health care.	This project will extend operating days and hours at our Westaco outpatient clinic from 2 days per week to 5 days per week; expand the operating capacity of the clinic; introduce scheduled transportation services prioritizing the needs of uninsured and indigent clients; and improve access to our full array of behavioral health services for individuals and families in the cities and towns of the Mid-Valley by eliminating the existing burden of travel to our Edinburg or Harlingen clinics to receive services.	\$755,142.98	\$1,929,987.32	\$3,953,951.38	Tropical Texas Behavioral Health	• Meets a key community need • Meets a gap in current DSRIP project portfolio for region • Serves large % of Medicaid/low-income uninsured population • Large quantifiable patient impact Score: 6.407
22	Doctors Hospital at Renaissance	2.8.1	ED Throughput Improvement	DHR is creating improvements in the throughput of the ED to increase the current average of 180,000 patients services per year. The goal is enhance the patient satisfaction by reducing the wait time, increasing communication, while maintaining high levels of safety and quality. Increased throughput equates to greater volumes of patients being able to be seen, stabilized, and given a plan of care to decrease their chances of readmission.	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Hidalgo County through the Local Provider Participation Fund	DHR on average services 180,000 patients per year, of which 52% are Medicaid and approximately 12% are uninsured. In order to increase these numbers, and have the best, most positive impact on the surrounding community throughput improvements are a necessity for this organization. As patient volumes increase, more patients will have access to the quality care that DHR is known for as well as have the opportunity to be enlisted within the many programs DHR has that supports increased access to healthcare. Score: 6.393
23	Doctors Hospital at Renaissance	1.2.4	Establish Primary Care/Pediatrics Residency Training Program at DHR	Doctors Hospital at Renaissance (DHR) proposes to create a primary care ACGME-accredited pediatric residency training program at DHR in collaboration with The University of Texas, adding faculty, resident trainees, and graduates to the primary care physician workforce in RHP 5.	\$3,600,000.00	\$3,895,000.00	\$3,475,000.00	The University of Texas Health Science Center at San Antonio	Meets a key community need for more primary care physicians and serves a large % of Medicaid/low-income uninsured population. Score: 6.392

24	UT Health Science Center Houston	1.3.1	Implement a Chronic Disease Management Registry; Implement/enhance and use chronic disease management registry functionalities	This project will allow for the creation and oversight of a diabetes management registry through the integration of an electronic medical record (EMR) system in community diabetes self-management education (DSME), diabetes self-management support (DSMS) programs, independent non-hospital-based community health centers (FHHC), and integrated chronic disease management programs in hospitals, in public health clinics and implementation of a health information exchange (HIE) system. The EMR is an electronic version of a patient's medical history that is maintained, over time, by the provider and may include all of the key data relevant to that person's care under a particular provider, including demographics	\$2,014,356.67	\$2,014,356.67	\$2,014,356.67	UT Health Science Center Houston	Meets a key need of chronic disease (diabetes) control and management. Fills a gap in the RHP5 DSRIP program for controlling chronic disease by creating a registry of chronic disease, specifically diabetes. This project uses the newly created HIE to establish a registry that will be available to all providers, clinics and hospitals to identify patients with diabetes and this will greatly improve their management across the health institutions of the region. This is an especially important program for the Medicaid/ low income uninsured population that suffers excessively with chronic disease and poor access to health services. Score: 6.3565
25	Doctors Hospital at Renaissance	1.9.2	Develop eye care facility to expand specialty ophthalmology care.	DHR is proposing to partner with the University of Houston to open an eye care facility that offers comprehensive eye care for a heavy Medicaid population. Goals will be increased access to examinations and ability to detect systemic hypertension and vascular disease which are both tied to diabetes.	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Hidalgo County through the Local Provider Participation Fund	This project targets the Medicaid population in expanding its access to quality, comprehensive eye care. Often access to eye care provides an alternative method of chronic disease detection such as hypertension and vascular disease which are both systems of diabetes. The overarching goal of this project is to provide a service that is often gone without until vital sight impairment is evident and the patient has no other choice. Preventative care in this specialty will allow patients to maintain or improve their overall quality of life as it relates to functionality as an individual. Score: 6.3155
26	UT Houston Health Science Center	2.2.1	Redesign the outpatient delivery system to coordinate care for patients with chronic diseases	This project will expand proactive, ongoing chronic care management to keep patients with chronic diseases healthy. It will also empower them to self-manage their conditions. The ultimate goal is to prevent worsening health precipitating the need for Emergency Department or inpatient care. Most chronic diseases fall into the category of non-communicable diseases (NCDs). NCDs are the pandemic of the 21st century, and the World Health Organization reported in 2010 that they now account for more disability and death globally than all other causes combined. Texas, particularly South Texas, is among the leaders in our nation in prevalence of NCDs, and in the highest proportion (25%) without health insurance. To meet this growing threat in RHP5, our chronic disease management initiative will use population-based approaches to create practical, supportive, evidence-based interactions between patients and providers to improve the management of chronic conditions and identify symptoms early to prevent complications and managing utilization of acute and emergency care. Chronic disease management also enhances the ability to identify one or more chronic health conditions or co-occurring chronic conditions that merit intervention across a patient population. Effective management of this chronic disease is imperative because it is more prevalent in our RHP than nationally. Through this initiative and its partnering hospital, clinics, and community-based partners we will transform the health care delivery system for chronic disease by implementing multicomponent practice changes in the six recommended categories. This project will therefore include elements of the Chronic Care Model (CCM) for ambulatory care that lead to the greatest improvements in health outcomes.	\$3,831,920.67	\$5,029,110.67	\$5,338,837.67	UT Health Science Center Houston	Meets a key need of chronic disease (diabetes) control and management. Fills a gap in the RHP5 DSRIP program for controlling chronic disease by addressing need in Hidalgo County. Will serve primarily Medicaid/ low income uninsured population that suffers excessively with chronic disease and poor access to health services. Score: 6.2985
27	Doctors Hospital at Renaissance	2.1.3	Patient Center Medical Home	DHR proposes to introduce the patient centered medical home model to the region through utilizing its resources in combination with waiver assistance. The PCMH will provide team based care on an individualized basis catering to each patient's condition and unique circumstances.	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Hidalgo County through the Local Provider Participation Fund	One of the biggest needs throughout RHP5 is increased access to primary health care. These clinics represent a new model of healthcare that is transformative within this region. Not only do these clinics expand available healthcare, they provide this care in a more efficient and effective manner for each individual patient. Score: 6.2915
28	Knapp Medical Center	1.1.1	New Primary Care Clinic	A new primary care clinic to provide Texas Mid-Valley residents with primary care services so that residents would not need to use the Emergency Room for primary care or forgo seeking care altogether. This clinic will also serve a key community benefit role in participating in the new primary care residency program that is desperately needed in the Rio Grande Valley. This new clinic would be operated based on the medical home model	\$999,529.00	\$1,069,853.00	\$1,169,400.00	Hidalgo County through the Local Provider Participation Fund	As cited in the community needs assessment, the region experiences a shortage of primary and specialty care providers, inadequate integration of care for individuals with multiple health issues, and a lack of patient-centered care. The clinic would help a market struggling to meet the primary care needs of its population. This clinic will serve a population that has a large % of Medicaid/low income and uninsured residents. The clinic will establish a new primary care clinic so that patients can receive more preventative, primary and chronic care in order to stay healthy and out of the hospital ED. Score: 6.2915
29	McAllen Hospital LP dba South Texas Health System	2.9.1	PCMH	Implement a Certified Patient Centered Medical Home Model with Nuestra Clinica	\$1,403,870.00	\$1,888,279.00	\$2,791,303.00	Hidalgo County through the Local Provider Participation Fund	Serves large % of Medicaid/Low-Income uninsured population. Score: 6.291
30	Doctors Hospital at Renaissance	2.11.2	Medication Reconciliation	DHR services approximately 180,000 patients per year. Given these volumes, DHR is implementing evidence-based interventions that put in place teams, technology, and processes to avoid medication errors.	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Hidalgo County through the Local Provider Participation Fund	Throughout RHP5 medication errors typically have a high percentage rate because patients simply do not know how to take their drugs correctly. This translates to poor adherence to the therapy plan resulting in poor health outcomes and increased health care cost. Score: 6.166
31	Rio Grande Regional Hospital	1.1.2	Primary Care Physician Recruitment	Recruit and retain a primary care physician to support primary care services in the North Central and Northwest areas of the Region	\$767,442.00	\$1,151,163.00	\$1,381,395.00	Hidalgo County through the Local Provider Participation Fund	Serves large percent of Medicaid/low income uninsured population. Score: 6.126
32	Doctors Hospital at Renaissance	1.12.2	Expanding Outpatient Clinics for Behavioral	DHR is proposing to expand the behavioral health service line through creation of additional outpatient clinic. These clinics will address the most common conditions of behavioral health to ensure the biggest impact on the community possible.	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Hidalgo County through the Local Provider Participation Fund	This project focuses on the Medicaid population throughout the community that typically have difficulties accessing professional behavioral help. According to the RHP5 Community Needs Assessment an estimated 28.6% of people have a measurable level of depression. An additional 30% of adults have been surveyed as having a measurable level of anxiety. Score: 6.0915
33	Doctors Hospital at Renaissance	1.3.1	Implement a Chronic Disease Management Registry	DHR is proposing to create a Chronic Disease Management Registry through utilizing its various resources such as its integrated EMR, Joslin Clinic, Cancer Center, Woman's Center, and various supporting physicians to enhance outreach and studies of this unique population in RHP5.	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Hidalgo County through the Local Provider Participation Fund	RHP5 is a unique region in which vast health-care disparities continue to grow. 1 in 3 of south Texas residents are uninsured, 98% are hispanic, most school districts have over 50% Medicaid enrollment rates, yet there are no dedicated resources to managing this vast population that is at-risk to have one or multiple chronic conditions. Score: 6.0335
34	McAllen Hospital LP dba South Texas Health System	2.9.1	Patient Navigation	Increase the number of Patients seen in Appropriate Level of Care	\$1,295,802.00	\$1,360,747.00	\$1,796,447.00	Hidalgo County through the Local Provider Participation Fund	Community need, services large % of Medicaid/low-income population. Score: 6.024
35	Doctors Hospital at Renaissance	1.9.1	Maternal Fetal Medicine (MFM) Women's Specialty Outreach Clinic	DHR is creating women's outreach clinics that provide high quality, comprehensive obstetrical outpatient care for women who have a maternal, fetal, or obstetrical complication.	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Hidalgo County through the Local Provider Participation Fund	DHR births approximately 800+ babies per month (9,600+ per year, equating to over 100,000 over next 10 years), of which 84% are covered by Medicaid in a population of which over 1 in 3 are affected by diabetes. These circumstances create conditions optimal towards birth complications creating an unstable healthcare system and diminished quality of life for the child and its supporting community. Score: 5.9515

