

MINUTES OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



1.0

9:00 a.m. being the time set for RCRMC Quarterly Meeting: Power Point Presentation.

I hereby certify that the foregoing is a full true, and correct copy of an order made and entered on May 17, 2010 of Supervisors Minutes.

WITNESS my hand and the seal of the Board of Supervisors
Dated: May 17, 2010
Kecia Harper-Ihem, Clerk of the Board of Supervisors, in
and for the County of Riverside, State of California.

(seal)

By:  Deputy

AGENDA NO.
1.0

xc: RCRMC

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

**RIVERSIDE
COUNTY**



**REGIONAL
MEDICAL
CENTER**

RCRMC – Board Presentation

**Douglas Bagley
Chief Executive Officer**

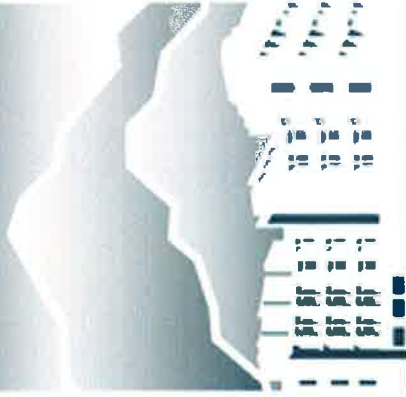
May 17, 2010

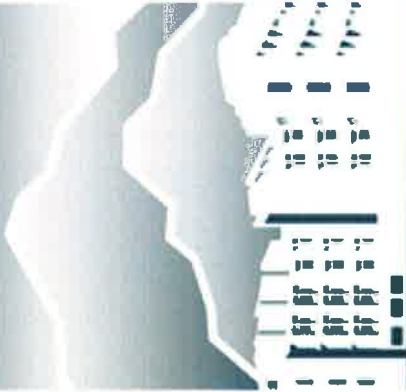
Introduction

- Budget Impact Presentation –
March 29, 2010
 - County General Fund support to RCRMC reduced to zero for 10-11 budget
 - Today – Focus on future under Health Reform and related health system changes
 - Impact on RCRMC and Riverside County
 - Planning for the future

Major Context Drivers

- California Medi-Cal Hospital “Waiver” Program
- Federal Health Reform Law
- Riverside County economy and County budget/revenue future
- University of California, Riverside - Medical School

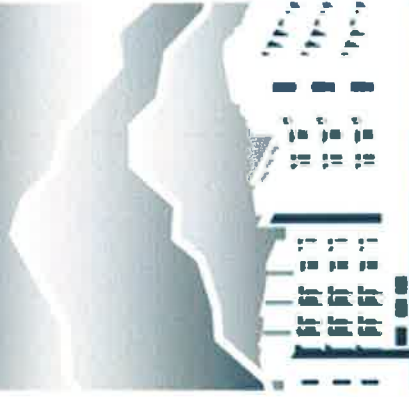




Federal / State / County Health Services Programs

- Medicare (small % of RCRMC patient's)
 - Age 65+
 - 100% Federal \$
 - One single national program
- Medicaid (large % of RCRMC patients)
 - Some, but not all, low income people
 - 50% Federal \$, 50% State \$ (Non-Federal Share – NFS)
(County \$ count as NFS \$)
 - Each state's program different
 - Medi-Cal is the name of California's Medicaid program
- County Service Programs – MISP (Medically Indigent Services Program)
 - Funded by State Health Realignment, County Contribution, Federal Medicaid "Waiver" (with \$ cap)

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California Medi-Cal Hospital “Waiver”

- Waiver = a Medicaid demonstration project, waiving some rules
- 5 year contract between State/Feds; expires August, 2010
- \$130 million per year to RCRMC
- No State \$ to public providers
- County spending serves as NFS
- Hospital Inpatient Fee for Service only; no Outpatient or Managed Care
- Renewal occurs in context of new Federal Health Reform law

Federal Health Reform Law: Principle Objectives

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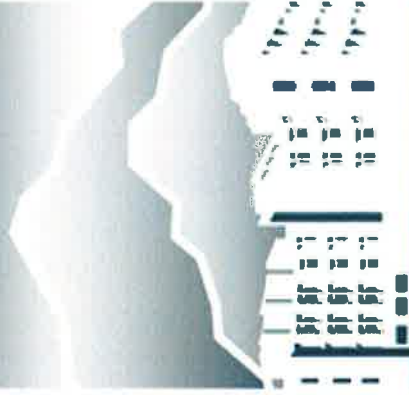


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- Cover more people (32 million)
 - Half Medicaid (including some County MISP)
 - Half private insurance, through “exchanges” (a new menu of approved insurance plans)
- Reduce the growth rate in national health care costs by 1.5% per year
- Re-incentivize provider payment structure to discourage over-utilization of services
- Transform delivery system from episodic care to ongoing care management; prevention

California Medi-Cal Hospital Waiver Renewal

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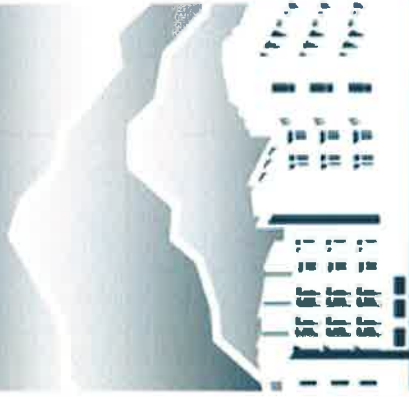


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- State objectives: similar to Federal objectives
 - Expand coverage
 - Slow growth rate in Medi-Cal spending
 - Transform delivery system
 - Lay foundation to implement Federal Health Reform
 - Help California's budget deficit

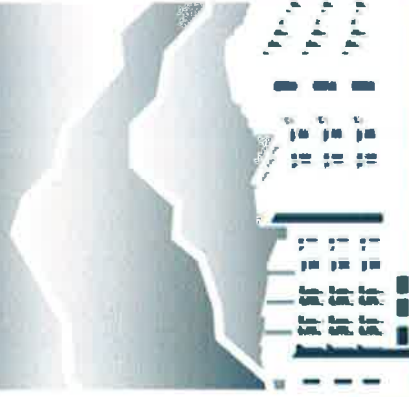
Waiver Renewal

- Work to Date
 - Planning work: State and “Designated Publics” (Counties/Univ of Calif) health systems
 - State Concept Paper – Fall 2009
 - Designated Publics Proposal – Fall 2009, continuing
 - Meet service needs
 - Stabilize financing
 - State letter to Feds – April 27, 2010
 - The “Ask”
 - State Waiver Implementation Plan – May 7, 2010



Waiver Renewal – Cont.

- Key elements of State letter 4/27/10
 - Build upon existing safety net
 - Expand coverage to uninsured adults 200% FPL, through Coverage Initiatives (=RivCo MISP population)
 - Mandatory Managed Care and improved coordination of care to Medi-Cal SPD population (Seniors and Persons With Disabilities)
 - “Strengthen funding to critical safety net hospitals by providing more - and more flexible - funding”
 - A bridge for transitioning to implementation of Federal Health Reform
 - Continued County funding role to provide Non-Federal Share (NFS) match
 - Requesting \$2 billion/year for 5 years, total



Elements of a Plan for Riverside County

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- Coverage Initiative
- Targeted program for SPD's
- Medical Home Program (assigned primary care physician/team)
- Chronic Disease / Population Management programs
- Geographic access (RCRMC is a service provider organization rather than a place/building)
- Transform delivery system from episodic care to ongoing management of care
- Partners, such as IEHP, UCR

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Riverside County Work Already Underway

- Diabetes Population Management Program – implemented
 - RCRMC Primary Care Clinics
 - 2 CHA Clinics
 - Over 2,000 patients enrolled
- High Risk Diabetes Clinic – implemented
- School/Community – Based Outreach Clinics – implemented
- Telemedicine – pilot implemented
- Pilot Medical Home Project (pre-cursor to Coverage Initiative) – 2010
- Congestive Heart Failure (CHF) Population Management Program – 2010-11
- Expansion of Primary Care Clinics



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UCR Medical School

- Target start date 2012
- County start-up assistance
- Long term strategic partner
- Approval of General Surgery Residency Program
- Close work with UCR and partners

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- Change is coming to health care system
- Uncertainty / risks associated with change
- Opportunities to meet community needs
- Opportunities for financial stability
- Pro-active approach; planning and development with EO, RCRMC, CHA, DMH, DPSS