



A world of difference.



**Driscoll
CHILDREN'S HOSPITAL**

Updated January 2010

DRISCOLL'S MISSION



A world of difference.

“Improve the health of adults and you give them back their health...Improve the health of children and you give them their life.”

Remembering always our commitment to relieve suffering and meet the needs of children; it is the mission of Driscoll Children's Hospital to offer hope and healing in an environment of trust, compassion and care.



DRISCOLL'S FOUNDER



Clara Driscoll

- Businesswoman, author, philanthropist & politician
- Savior of the Alamo
- Medical care for underprivileged children in South Texas
- Hospital dedicated on February 22, 1953



DRISCOLL'S SERVICE AREA



- Driscoll Children's Hospital's South Texas coverage spans almost 30,000 square miles – roughly the same area as the entire state of South Carolina
- Thirty-one referral counties in South Texas
- Specialty Centers in Brownsville, Harlingen, McAllen, Laredo and Victoria

A world of difference.



PEDIATRIC SERVICES



Driscoll has pediatric specialists in 32 medical and 13 surgical specialties including:

Oncology

As part of the Children's Oncology Group (COG), DCH patients receive immediate access to the newest treatments.

Cardiology

A new cath lab allows cardiologists to work with cardiothoracic surgeons via telemedicine components linking the lab to operating rooms.

Emergency

Receiving more than 40,000 visits annually, DCH was the first hospital in South Texas to provide emergency services exclusively for children.



PEDIATRIC SERVICES (CONT.)



Renal Transplant

Driscoll Children's Hospital's Renal Transplantation program has completed 50 transplants since 2007.

Neonatal Intensive Care Unit (NICU)

The 41-bed NICU was named a prestigious "Center of Excellence" by United Resources Networks and has cared for more than 20,000 critically ill and premature infants to date.

Pediatric Intensive Care Unit (PICU)

With physician care on-site 24/7, the 20-bed PICU is staffed by board-certified pediatric critical care intensivists to care for the most critically ill pediatric patients.



PHYSICIAN EDUCATION & TRAINING



- Dually Accredited Residency Program (American Orthopedic Association, Accreditation Council for Graduate Medical Education)
- Texas A&M Health Science Center Affiliation
- 44 Primary Care Pediatric residents
- Anesthesia residency training
- Family practice residency training
- General surgery residency training (pediatric surgery)
- Medical school rotations (Texas A&M University, University of Texas Medical Branch at Galveston and University of North Texas Health Science Center at Fort Worth)
- Grand Rounds televised at McAllen Medical Center and University of Monterrey, Mexico



MILLIE'S STORY



Each year, more than 110,000 lives are touched; lives like that of little Millie. Milagros Salinas has endured very large medical problems for such a small girl. At only three days old, she was diagnosed with Infantile Polycystic Kidney Disease and was not expected to live. After being transported to DCH's Neonatal Intensive Care Unit (NICU), her kidneys had to be removed. Millie became a full-time resident of DCH and went through dialysis five times a week while she waited for a kidney transplant. More than just a patient, Millie became part of the Driscoll family. Nearly two years after her birth, Millie received her desperately needed kidney. Now a thriving toddler, she is one of the 110,000 patients who join our family each year.



HFMA SOUTH TEXAS FALL INSTITUTE OCTOBER 27, 2011

CHANGES MADE TO REIMBURSEMENT

- Outpatient reductions of 8% percent
- Outpatient imaging payments transitioned to fee structure (\$6.8 M)
- Emergency payments cut to 60% for levels 1, 2, and 3 (\$2.4M)
- UPL limited, DSH increased
- Future – DRG implementation in Sept., 2013



ACTION PLANS

- Analyzing all reimbursements changes to understand impact
- Evaluate geographical placement of lower level ED patients
- Possible moving medical screening exam (MSE) to triage
- Evaluate pricing in radiology
- Restructure non-patient care departments



CONCERNS & IMPACTS

MAJOR CONCERN

- How to deliver quality care in a region that is 70% Medicaid. Sub-Specialists are needed to care for the children and Medicaid payments just don't cover the costs.

IMPACT IN SOUTH TEXAS MARKET

- With PCCM coming to an end on March 1, 2012, DCH should benefit some due to being a major player in the Valley expansion, mainly from tertiary cases.



LESSONS LEARNED

MEDICAID 1 & 2 DAY STAYS

- In some ways, easier to manage since it is now consistent with Medicare.
- Revenue shows a slight drop due to hourly charging.
- Nursing productivity is challenged due to template set up as an inpatient tool.
- Possibly see critical care make up more than 50% of inpatient census as Health Plans strive for healthier patients and fewer hospitalizations.



MEDICAID DENIALS

- Retro audit focused on Milliman as opposed to Interqual even though CMS endorses Interqual.
- Researched to see if need existed to purchase Milliman also. Result was probably not worth the added expense since most HMO's use Interqual already.
- Unpredictable what some payers will use and can sometimes end up in a smorgasbord.



PENDING 1115 WAIVER IMPLEMENTATION

- Expanded definition of uncompensated care plus tool to calculate payments.
- Concerns still exist on Regional Health Partnerships structure and purpose
- What critical project would be considered to be funded by the program?
- Categories of projects include: infrastructure, program innovation and redesign, urgent clinical improvements, and population-focused improvements.
- Emergency rules will be published for 180 days for transition until tool is ready.





QUESTIONS & ANSWERS

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THANK YOU!



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