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Southeast Texas Regional Healthcare Partnership
Texas Healthcare Transformation and Quality Improvement Program ✩ Medicaid 1115 Waiver

REGION 3 anchor updates

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ANCHOR WELCOME

Happy New Demonstration Year! DY4 is here. We have completed three years of the 5-year 1115 Waiver and yet it feels like, in some ways, we have just started. New years are always a good time to reflect. DY1 was a planning year for the statewide Waiver implementation. DY2 focused on project planning, development and initial implementation. DY3 was critical as providers began implementing much of the infrastructure needed to have successful projects. So, what will DY4 bring us? OUTCOMES! At least, initial outcomes. Providers are hired, baselines are set, and quantifiable patient impact has started to build. Now is the time to demonstrate the transformation that our Region's projects will create. This will be critical as we help the State prepare for Waiver 2.0. Collectively, we will be able to document an impact to the CMS Triple Aim. Oakbend Medical Center helps us kick off this effort with a highlight of their Disease Registry project. Also, this issue shares with the Region an important Institute for Healthcare Improvement article focused on quality improvement. Learning Collaborative events are important times to focus on learning more about quality improvement. So, mark your calendars for December 10-11 for our Region's Biannual Learning Collaborative Conference. So now, it is October. That means reporting. Included here are tips for reporting; and the Anchor Team is here to help with the new HHSC Online Reporting Tool. **Happy Reporting!**

PROJECT SPOTLIGHT

OAKBEND MEDICAL CENTER

1. Tells us about your project

The 1115 Waiver Chronic Disease Registry Project consists of the creation, implementation, and continuous quality improvement of an electronic disease management system. The disease registry began as a tracking system for patients with congestive heart failure, chronic obstructive pulmonary disease, diabetes, and end-stage renal disease with multiple admissions and readmissions. The registry has now expanded to include patients with frequent Emergency Department visits. Currently OakBend is working collaboratively with Fort Bend County Health and Human Services and AccessHealth, our local FQHC, to expand registry access to track our shared patients. The disease registry was created entirely through Oakbend's IT Information Services department and will be utilized to provide services to targeted patients to ultimately prevent readmissions and establish patients with a medical home.

2. What are some of your successes?

The disease registry has been created and implemented into 100% of OakBend Medical Center sites. As of September 30, 2014, 1,498 unique patients have been added to the disease registry diagnosed with our target chronic diseases.

3. What have been some of the challenges?

The primary challenge with the registry has been the technical aspect of the project and developing a well-planned information support system with the ability for a robust population to utilize available services. Oakbend's IT Information Services, Administration, and Clinical Departments worked collaboratively to create a system that would be both useful and efficient without duplicating any services that are already present.

4. What are your lessons learned?

The lessons learned from this project were related to the selection of data components to include for each patient in the registry. Oakbend has found that excluding specific data diminishes the effectiveness of the system while including too much data duplicates what is already available in the basic medical record.

5. How does this project contribute to transforming healthcare?

One of the biggest issues facing appropriate management of chronic care conditions is the lack of coordination of care. By implementing a disease management registry, OakBend Medical Center can monitor the care utilization of patients with chronic diseases to determine whether they have received adequate follow-up and preventative care. Community Health Workers can contact patients who are not receiving adequate care and work with partners like AccessHealth to coordinate care delivery. Additionally, having this information will allow OakBend Medical Center to track the long term clinical success of the patients. This will ultimately allow for better health outcomes and an increased quality of life for these patients.

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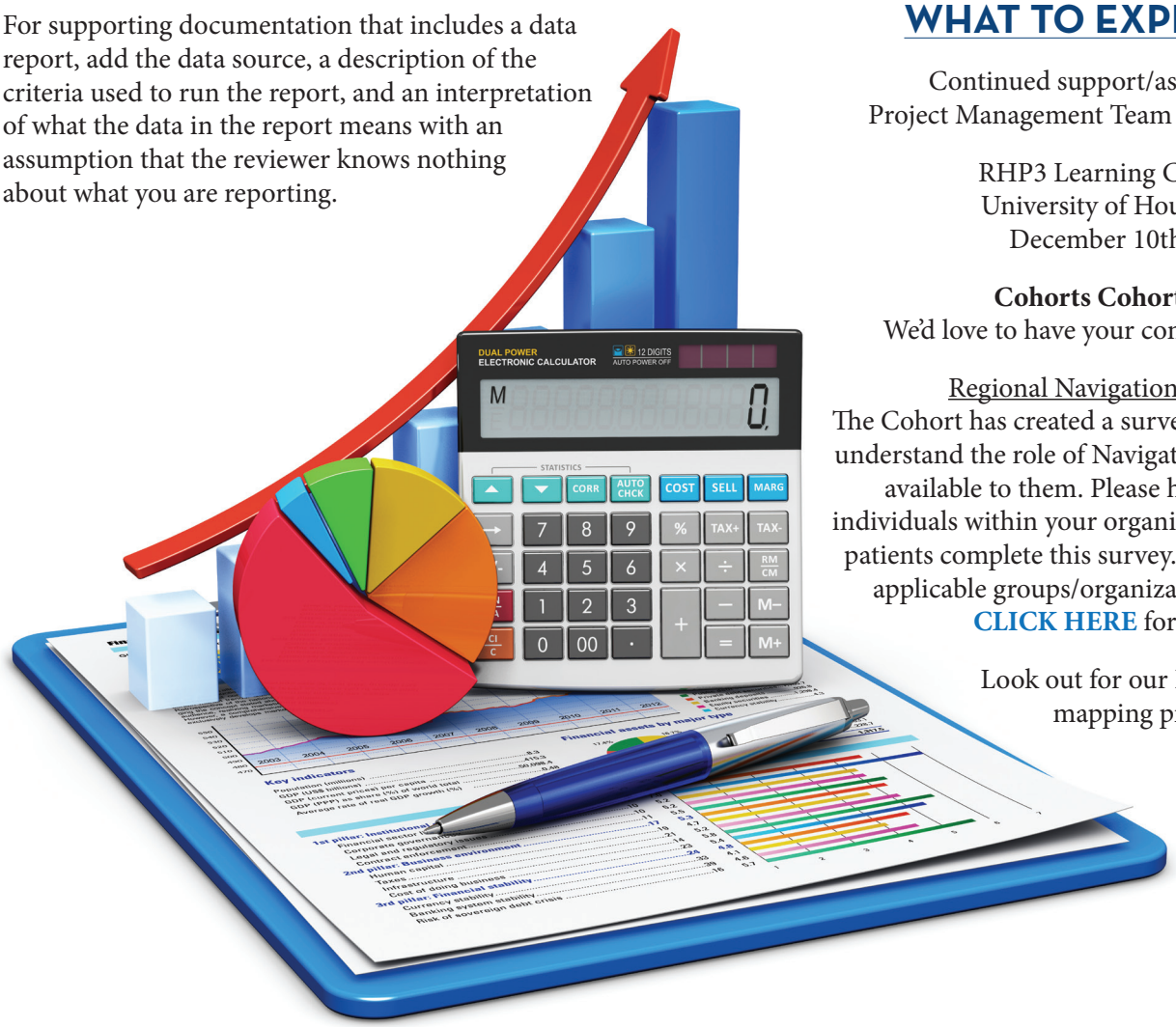
LEARNING MOMENT

GEARING UP FOR REPORTING, LAST MINUTE TIPS:

As we gear up for reporting, we thought it would be useful to consider a few tips as you prepare:

- All providers are required to complete the semi-annual progress reports for DY3 Reporting for every project **regardless of whether the milestone/metric is reported for payment.**
- Break each milestone/metric into components and prepare to satisfy each component with supporting documentation. Have you included ALL supporting documentation to meet your Metrics and Milestones?
- If you would like to have your Anchor Project Manager review your documentation for minor formatting or edits, please upload into Performance Logic by October 23rd by 5:00 pm.
- **Important Reminder:** Please do not upload documents into the tool until they are **FINAL.** Remember documents can not be deleted.
- For supporting documentation that includes a data report, add the data source, a description of the criteria used to run the report, and an interpretation of what the data in the report means with an assumption that the reviewer knows nothing about what you are reporting.
- If you have communication documented with HHSC on permission to report a certain way, please include that in your supporting documentation.
- Make sure all of your documents have your HHSC/CMS Project ID and organization logo. It is also best practice to PDF your MSWord documents to ensure that they open for HHSC during review.
- Final date to submit questions regarding DY3 reporting and to inform HHSC of any issues with DY3 data in the reporting system or any technical errors in the reporting system is **October 24, 2014 and can be communicated via Waiver mailbox.**
- REPORTING is due **November 5th, 2014** by 11:59 pm to HHSC.
- Please do not hesitate to reach out to your Anchor Project Manager for questions or concerns!



WHAT TO EXPECT IN DY4:

Continued support/assistance from the Project Management Team and Operations Team!

RHP3 Learning Collaborative,
University of Houston Hilton,
December 10th and 11th

Cohorts Cohorts Cohorts!
We'd love to have your continued participation!

Regional Navigation Cohort Survey
The Cohort has created a survey (see link below) to fully understand the role of Navigators and current resources available to them. Please have your Navigators/ individuals within your organizations who help navigate patients complete this survey. Also please distribute to applicable groups/organizations within Region 3.
CLICK HERE for Survey Link.

Look out for our Region-wide mapping project!

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INSTITUTE FOR HEALTHCARE IMPROVEMENT:

WHAT DOES IT TAKE TO BRING ABOUT IMPROVEMENT? FIVE CORE COMPONENTS FOR LEARNING FROM QI PROGRAMS

The Model for Improvement comprises three questions that guide quality improvement (QI):

1. **What are we trying to accomplish?**
2. **How will we know that a change is an improvement?**
3. **What changes can we make that will result in improvement?**

While the questions are simple, challenges in our daily work lives can prevent teams from answering them. Some may even wonder, "What's the use? Patients are waiting and we don't have time, so let's get going!"

But we know from our own experience that bypassing them can lead to even more frustrating questions down the road: Did we achieve our goals? How effective was this intervention? Under what conditions? Were our predictions correct? What did we learn? Should we keep doing this? Should this intervention be abandoned, adapted, implemented, or scaled up?

CLICK HERE to view entire article.

Source: Sandy (Alexander) Cohen, Amy Reid, "What Does It Take to Bring about Improvement? Five Core Components for Learning from QI Programs," Institute for Healthcare Blue Shirt Blog, September 26, 2014, 3:00pm. http://www.ihi.org/communities/blogs/_layouts/ihi/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=96.

Exhibit A. Core Components that Enable Demonstrable Results and Shared Learning.

Core Component	Output	Core Component Details	Alignment with MFI
1. Goals	Aim statement	• State what we expect to achieve in the timeframe of the project. This should take the form of "how much, by when." • Predict what progress is expected over time (e.g. monthly, quarterly) in order to regularly assess tracking toward goals.	*What are we trying to accomplish?*
2. Content Theory	Driver diagram; Change package	• Description of new processes or behaviors that organizations, teams, and individuals will use to improve outcomes.	*What changes will we make that will result in improvement?*
3. Execution Theory	Logic model	• What will the improvement initiative do that will lead teams to adopt the process changes?	
4. Results and Learning	Measurement plan	• What data will we collect (quantitative and qualitative)? • How will we collect data? • By what methods will we assess progress toward goals? • How will we use these results to improve in real-time?	*How will we know that a change is an improvement?*
5. Publishing and Communication	Dissemination plan	• What results or stories from this work should be shared? • Who is the target audience (internal and external)? • What communication outputs will be produced? • What resources are needed/can be allocated for publication? • When do we plan to start and complete these outputs?	(Not aligned) How are we sharing results and learning to inform the QI field?

Source: http://www.ihi.org/communities/blogs/_layouts/ihi/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=96.

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REGION 3 DSRIP TIMELINE

October 2014 (Mid-point Assessment) – HHSC will conduct site visits to certain providers.

Mid October 2014 – Anchor assistance with DY3 reporting.

October/November, 2014 – Change Request (Plan Modifications) feedback to be received from HHSC.

October 23, 2014 – Final date to enter in documentation into Performance Logic for Anchor review prior to tool upload.

October 24, 2014 – Final date to submit questions regarding DY3 reporting and inform HHSC of any issues with DY3 data in the reporting system.

November 5, 2014, by 11:59 pm – Required DY3 reporting including required semi-annual progress reporting due to HHSC.

November 14, 2014, by 5:00 pm – Due date for IGT Entities to notify HHSC of any issues with their affiliated providers' DY3 reports.

December 8, 2014 – HHSC and CMS will complete their review and approval of reports or request additional information (referred to as NMI) regarding the data reported.

December 10th–11th, 2014 – RHP3 Learning Collaborative Conference, University of Houston Hilton.

December 2014 – HHSC completes Mid-point Assessment.

January 16, 2015 – Due date for providers to submit responses to HHSC requests for additional information on reported milestone/metric achievement and incomplete semi-annual progress reports.

*All dates are subject to change. Please refer to HHSC for the most recent updates: http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml.

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