Southeast Texas Regional Healthcare Partnership

Texas Healthcare Transformation and Quality Improvement Program ✡ Medicaid 1115 Waiver

Commitment to Participate in "Raise the Floor" Initiatives

It is understood that this Commitment form is to signify the good and true intent to participate in the following Learning Collaborative activities as presented on December 4, 2013 at the Region 3 Learning Collaborative:

___✓___ Implement data sharing framework as developed from group activity on December 4, 2013 Learning Collaborative

_____ Collaborate in EC Utilization - Navigation Subgroup activities

_____ Participate in survey from EC Utilization - Increased Capacity Subgroup

_____ Commit to using Performance Logic for Category 4 activities

_____ Participate in the following Cohort(s): (Check all that apply)

___ EC Utilization	___ Primary Care Access
___ Behavioral Health	___ Chronic Care Management
_✓_ Navigation	

Date ___12-4-13___ Organization __UT Health / School of Public Health__

Name __Rosalia Guerrero-Luera__ Signature _____

This is a non-binding commitment that serves the purpose of tracking Performing Provider participation intentions as required for Learning Collaborative milestones and metrics reporting. It also allows the Region 3 Anchor to report Providers and other Stakeholders actively involved in Learning Collaborative activities.

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___ Collaborate in EC Utilization - Navigation Subgroup activities

✓ Participate in survey from EC Utilization - Increased Capacity Subgroup

✓ Commit to using Performance Logic for ~~Category 4~~ activities ALL ELSE (CAT 1₃ 2, ₄ 3)

___ Participate in the following Cohort(s): (Check all that apply)

___ EC Utilization   ___ Primary Care Access
___ Behavioral Health   ___ Chronic Care Management
___ Navigation

Date _12-4-13_   Organization _UT HEALTH_

Name _SANDRA TYSON_   Signature _____

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_____ Participate in survey from EC Utilization - Increased Capacity Subgroup

___✓___ Commit to using Performance Logic for ~~Category 4~~ activities All Else Category 1 & 3

_____ Participate in the following Cohort(s): (Check all that apply)

___ EC Utilization	___ Primary Care Access
___ Behavioral Health	___ Chronic Care Management
___ Navigation	

Date _12-04-13_   Organization _UT-MBC_

Name _Ingrid Castillo_   Signature _Ingrid Castillo_

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___ Participate in survey from EC Utilization - Increased Capacity Subgroup

✓ Commit to using Performance Logic for Category 4 activities

___ Participate in the following Cohort(s): (Check all that apply)

___ EC Utilization

___ Behavioral Health

✓ Navigation

___ Primary Care Access

___ Chronic Care Management

Date ___12-4-13___

Organization ___UTHSC___

Name ___Jennifer Bradley___

Signature ___Jennifer Bradley___

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____ Participate in survey from EC Utilization - Increased Capacity Subgroup

__✓__ Commit to using Performance Logic for ~~Category 4~~ activities

____ Participate in the following Cohort(s): (Check all that apply)

____ EC Utilization	____ Primary Care Access
__✓__ Behavioral Health	____ Chronic Care Management
____ Navigation	

Date __12/4/2013__   Organization __UT Physicians__

Name __Marlisa Allen__   Signature __Marlisa Allen__

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_____ Participate in survey from EC Utilization - Increased Capacity Subgroup

___✓___ Commit to using Performance Logic for Category 4 activities

_____ Participate in the following Cohort(s): (Check all that apply)

        _____ EC Utilization   ___✓___ Primary Care Access

        _____ Behavioral Health   ___✓___ Chronic Care Management

        _____ Navigation

Date _____12/4/13_____   Organization ___UT-HSC___

Name ___Johnathan W. Leonard___   Signature ___Johnathan W. Leonard___

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___✓___ Collaborate in EC Utilization - Navigation Subgroup activities

_____ Participate in survey from EC Utilization - Increased Capacity Subgroup

___✓___ Commit to using Performance Logic for Category 4 activities

_____ Participate in the following Cohort(s): (Check all that apply)

___ EC Utilization		___ Primary Care Access
___ Behavioral Health		___ Chronic Care Management
___ Navigation		

Date ___12/4/13___

Organization ___UT Health___

Name ___Monica Smith___

Signature ___(signature)___

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___ Participate in survey from EC Utilization - Increased Capacity Subgroup
___ Commit to using Performance Logic for ~~Category 4 activities~~ All else
___ Participate in the following Cohort(s): (Check all that apply)

___ EC Utilization   ___ Primary Care Access
___ Behavioral Health   ___ Chronic Care Management
___ Navigation

Date _12/04/2013_   Organization _UT Health_

Name _Bryan Davis_   Signature _[signature]_

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- ☒   Participate in survey from EC Utilization - Increased Capacity Subgroup
- N/A   Commit to using Performance Logic for Category 4 activities
- ☒   Participate in the following Cohort(s): (Check all that apply)

☒ EC Utilization	___ Primary Care Access
☒ Behavioral Health	___ Chronic Care Management
☒ Navigation	

Date ___12/4/13___   Organization __UTHSC-H / UTP__

Name __Sanaz Dashnai__   Signature _[signature]_

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___ Collaborate in EC Utilization - Navigation Subgroup activities

___ Participate in survey from EC Utilization - Navigation Subgroup activities

___ Participate in survey from EC Utilization - Increased Capacity Subgroup

__X__ Commit to using Performance Logic for Category 4 activities

__X__ Participate in the following Cohort(s): (Check all that apply)

    ___ EC Utilization

    ___ Behavioral Health

    ___ Navigation

    __X__ Primary Care Access ← This

    ● Chronic Care Management

    ← not this

Date __12-4-13__   Organization __UTHSC-H__

Name __SHARIF MANSUR__   Signature __(signature)__

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