

# Regional Healthcare Partnership (RHP) Plan

Stakeholder & Public Engagement

Southeast Texas Regional Healthcare  
Partnership - Region 3



Development of a comprehensive and inclusive process for ensuring stakeholder participation has been a high priority since the beginning of RHP 3 planning efforts. As the anchor entity, the Harris Health System (HHS, previously known as the Harris County Hospital District, or HCHD) identified initial strategies for reaching out to the community to provide information on the waiver opportunity and invite public participation in the planning process. To begin the outreach activities, HHS publicized and hosted an initial planning meeting that was widely attended and served as the “kick-off” forum for the RHP activities. Local media were invited to attend, and several published news stories reached a circulation of readers that exceeds more than one million area residents.

As described at the initial meeting, a key goal of the RHP is to ensure active stakeholder participation from a broad cross section of community members representing every aspect of the health care delivery system. The Region includes a diverse mix of stakeholders from very different backgrounds and with varying levels of interest and expertise. Participation of representatives from a broad cross section of providers, consumers, health care advocates and community officials is critical to the success of this initiative and a key goal of the outreach and communication activities. To achieve this, several fundamental principles have informed and influenced our outreach plan:

- Provide participants with comprehensive and detailed information at all times;
- Communicate frequently and effectively, with an emphasis on transparency and the sharing of information;
- Provide an open, inclusive environment that welcomes and encourages participation at all levels; and
- Ensure stakeholders actively participate in all RHP activities and remain engaged at all times.

### **RHP Participants Engagement**

Soon after the Harris Health System was identified as the anchor for Region 3, officials identified a comprehensive list of potential Performing Providers that included hospitals, Academic Health Science Centers, Community Mental Health Centers, local county governments and public health agencies throughout the Region. Within each organization, initial contacts were identified and were invited to begin working with HHS to participate in the process of developing a regional plan.

All of these entities, as well as other stakeholders, were invited to participate in the initial kick-off meeting held February 8, 2012. Among the well-attended meeting were hospital representatives from all facilities that were eligible for Medicaid Uncompensated Care (UC) payments. The meeting included an overview of the waiver activities and requirements, and a summary of the tentative timeline. Speakers included Texas State Representative Garnet Coleman, a local Member of the Texas House of Representatives who was instrumental in developing the legislation that authorized the waiver activities.

In March, key stakeholders were invited to attend the first meeting of the Regional Advisory Committee (RAC). The RAC was created to serve as an oversight entity that provides leadership and guidance for the Region. The RAC includes more than 40 members, including

representatives of the hospital and non-hospital performing providers. All meetings are open to the public, but are primarily attended by RAC members.

In addition to providing another opportunity for communication and updates, the RAC meetings facilitate more technical discussions among the Performing Providers. Four RAC meetings were held initially. Throughout the early development of the waiver, meetings were held on a quarterly basis, or more frequently as necessary. These meetings provided an opportunity to discuss progress, share experiences and challenges, review reporting requirements, and discuss other issues relevant to the waiver.

Performing Providers also participated in large numbers in stakeholder meetings and in the activities of nine (9) workgroups created to discuss specific community needs and care transformation options. Performing Providers also participated in a Public Summit to discuss project options and identify potential partnerships among providers within the Region, and to encourage all hospitals to participate in DSRIP projects. Public Hearings were also held throughout the region to present the RHP plan and solicit comments from the general public. In addition to the RAC meetings, more than 40 additional meetings have been held throughout the region to discuss regional health care needs, ideas for improvement, and specific projects for consideration by the Performing Providers. Performing Providers were involved at all levels of these discussions and provided significant input into the identification and development of specific project initiatives. Performing Providers will continue to participate in stakeholder meetings held on a regular basis throughout the life of the waiver.

As the waiver moved from the development stage to the implementation stage, provider engagement evolved into Monthly Regional Status Calls, regular email communications and Biannual Learning Collaborative Conferences. Participation in these informational events has also been open to other interested stakeholders and the general public.

Monthly Regional Status Calls have been held on the 3<sup>rd</sup> Wednesday of each month since January 2013. Topics have included updates on rules and regulations, state policy updates, project highlights, timeline overviews, learning moments, project management best practices and participant feedback opportunities.

Biannual Learning Collaboratives are a required anchor activity. Primarily Performing Providers attend, but invitations to the large conference events are open to all interested stakeholders. Participants have included non-profit leaders, elected official representatives, colleagues from other Regions, and other interested community members. During these events conference attendees are able to participate in learning activities, a DSRIP project showcase and hear more about updates on overall waiver activities.

Regular email communications is, by far, the most important tool that the anchor uses to engage RHP participants. A distribution of over 300 interested stakeholders has been developed and continues to grow. This communication vehicle is used to share up to the minute HHSC updates, regional opportunities, requests for feedback, deadline reminders and general announcements. Included in the distribution list are Performing Providers, UC only hospitals, IGT entities, community stakeholders, colleagues from other Regions, and governmental representatives.

## **Public Engagement**

One of the first steps towards engaging stakeholder participation was creation of a website devoted entirely to providing information on activities related to the Southeast Texas Regional Healthcare Plan (see <http://www.setexasrhp.com/go/doc/4807/1326403/>). The website is an effective tool for communicating information and updates, and for inviting stakeholders to participate in the planning process. The anchor administrators developed an extensive distribution list and encouraged recipients to forward information to others who would be interested in participating in the planning process. A link to the RHP 3 website was also provided on the Harris Health System website. Individuals who visited the website were invited to provide contact information so they could receive regular updates. Since its initial debut, the website has grown considerably. Where initially it was basically an announcement repository, it is now a robust resource for announcements, the RHP Plan, learning activities, best practices and regional tools. For example, in December of 2014 a Project Map was released. This tool allows the general public to search a map tool by provider, type of project, legislative district, etc. This provides basic project information and helps interested stakeholders connect.

Information on the website was widely distributed through the hospital district's communication channels. Other partners, including Performing Providers, were enlisted to also distribute DSRIP planning information and inform individuals of the Region 3 website link. Throughout the planning activities, the Region used the website to post updates from the Health and Human Services Commission; announce meeting dates and locations; provide draft planning documents and project initiatives; and invite comments and feedback from stakeholders. More than 675 people enrolled to receive regular updates through the email distribution list, and that number continues to grow as new people become engaged in this ongoing process. It is through this process that the Anchor requested public comment on Pass 1 projects –in November – and the full initial draft RHP Plan – in December. An announcement was not only posted on the website, but the email distribution function of the website was used to inform all that the public comment period was open. This website distribution list includes Performing Providers, RAC members, IGT entities, and other relevant stakeholders. Additionally, we requested that OneVoice Texas use their distribution list to announce both public comment periods. OneVoice, though primarily an advocacy group for human services non-profits, has a wide and varied distribution list.

Prior to the first stakeholder meeting, Performing Providers and other stakeholders were encouraged to submit community needs assessments to HHS. More than 75 documents were submitted covering the entire region and virtually every aspect of the health care system. A detailed review of those documents resulted in the identification of nine general categories of primary needs. Based on this analysis, the following nine workgroups were created:

- Access to Care
- Disease Management
- Health Promotion
- Hospital Utilization
- Information Technology
- Behavioral Health/Substance Abuse
- Pediatrics

- Women’s Health/Birth Outcomes
- Workforce

Stakeholders and Performing Providers from throughout the Region were invited to attend meetings of each of the nine workgroups. Over five months, each workgroup met four times for a total of 36 meetings. Where facilities could accommodate it, stakeholders were able to participate via phone conference. Hundreds of individuals attended the meetings, during which participants identified specific community needs and health care improvements related to each of the topics. In subsequent meetings, stakeholders drafted specific projects and identified key priorities. This information was distributed to all Performing Providers, who used the recommendations in selecting the project initiatives included in the Regional Plan.

Numerous meetings were also held throughout the counties participating in the Region. Meetings were open to the public and were attended by varying numbers of stakeholders. Below is a summary of the schedule of meetings held in the first two years of the waiver:

March:
<ul style="list-style-type: none"> <li>• 9 Stakeholder Meetings over a 3 day period</li> <li>• Regional Advisory Committee</li> </ul>
April:
<ul style="list-style-type: none"> <li>• 9 Stakeholder Meetings over a 3 day period</li> <li>• Regional Advisory Committee</li> <li>• Commissioner’s Court presentations</li> <li>• County Judge and Commissioners meeting</li> </ul>
May:
<ul style="list-style-type: none"> <li>• 9 Stakeholder Meetings over a 3 day period</li> <li>• Regional Advisory Committee</li> <li>• Behavioral Health Collaborative</li> <li>• 3 County Judge and Commissioners meetings</li> <li>• 2 Fort Bend County Workgroup meetings</li> <li>• 2 Chambers County Workgroup meetings</li> <li>• Calhoun County Workgroup meeting</li> <li>• Matagorda County Workgroup meeting</li> </ul>
June:
<ul style="list-style-type: none"> <li>• 2 Calhoun County meetings</li> <li>• 2 Chamber County meetings</li> <li>• 1 Fort Bend County meeting</li> <li>• 2 Matagorda County meetings</li> <li>• 1 Waller County workgroup meeting</li> <li>• 1 Waller County Commissioner’s Court meeting</li> <li>• 1 Wharton County meeting</li> </ul>
July:
<ul style="list-style-type: none"> <li>• 9 Stakeholder Meetings over a 2 day period</li> <li>• Regional Advisory Committee</li> <li>• 2 IGT Performing Providers Collaboration meetings</li> <li>• Austin County Workgroup meeting</li> <li>• 2 Colorado County meetings</li> <li>• 2 Fort Bend County meetings</li> <li>• 2 Matagorda County meetings</li> </ul>

<ul style="list-style-type: none"> <li>• 2 Wharton County meetings</li> </ul>
August:
<ul style="list-style-type: none"> <li>• Behavioral Health Collaboration meeting</li> </ul>
<ul style="list-style-type: none"> <li>• 1 Chambers County meeting</li> </ul>
<ul style="list-style-type: none"> <li>• 2 Pre and Post Summit Reviews</li> </ul>
<ul style="list-style-type: none"> <li>• 3 IGT Collaboration meetings</li> </ul>
September:
<ul style="list-style-type: none"> <li>• Regional Planning Summit</li> </ul>
<ul style="list-style-type: none"> <li>• 3 IGT Collaboration meetings</li> </ul>
<ul style="list-style-type: none"> <li>• Public Meeting to Present Plan</li> </ul>
October:
<ul style="list-style-type: none"> <li>• 3 IGT Collaborations</li> </ul>
<ul style="list-style-type: none"> <li>• Regional Advisory Committee meeting</li> </ul>
November:
<ul style="list-style-type: none"> <li>• Public Comment Period for Pass 1 Projects – November 9 – 16, 2012</li> </ul>
<ul style="list-style-type: none"> <li>• Public Hearing # 2 – November 20, 2012</li> </ul>
December
<ul style="list-style-type: none"> <li>• Public Comment Period for Pass 1 Projects – December 24 – 31, 2012</li> </ul>

Organizations and individuals that participated during the planning and development of the Plan included:

- Consumers
- Patient advocacy representatives
- Public and private hospitals
- Academic Health Centers
- Primary care providers, behavioral health providers, and specialty care providers representing an extensive list of health care practice areas
- Local medical and hospital societies
- Ancillary providers
- Local government officials
- Community planners and administrators
- FQHC administrators and service providers
- Community care clinics
- MHMR Community Centers
- Safety net providers;
- Representatives of religious organizations

Representatives of the local county medical society were also heavily involved in all meetings, and have provided significant input into the planning process. They have been instrumental in communicating information to providers in the Region, and have been a supportive partner in our activities. A letter indicating their participation and support is included in the Addendum, as well as letters of support from other stakeholders.

The Anchor for RHP3 has engaged Performing Providers, IGT Entities, community stakeholders and the general public, including consumers through the process of development, review and prioritization of the new 3-year projects.

On August 14, during the Region's Monthly Status Call, Regional stakeholders were informed of the required components of the process for adding New 3-Year Projects. Feedback on the prioritization process was requested at that time. Additionally, as follow up, an email was sent to the Region's full distribution list outlining the proposed process and requesting feedback by August 23rd. Documents shared include the proposed process, sample scoring template, and summary scoring process. Also discussed on this call was the timeline.

Participants in this call and on this distribution list include Performing Providers, Regional Advisory Committee Members, IGT Entities, Governmental representatives, and community stakeholders.

Also, on August 16, 2013, the Regional distribution list was used to make a Call for Projects. Projects were requested by September 3, 2013 and recipients were encouraged to share the Call for Projects with other interested parties in the region. Recipients received HHSC guidance on adding new 3-year projects, at that time.

Once projects were received and collated, the initial list of projects was published on the Region's website ([www.setexasrhp.org](http://www.setexasrhp.org)) on September 16, 2013 in advance of the required Public Hearing. This list was also shared through the aforementioned distribution list.

The required public hearing was held at Texas Children's Hospital - West Campus in Katy on September 20, 2013. The announcement for this event was shared with the Region's distribution list, on the Region's website and through One Voice Texas' distribution list to ensure broad participation. During the public hearing, the audience was provided an update on the status of the RHP Plan, as well as, a full description of the New 3-Year projects prioritization process and list of projects. Questions were also taken during this 2 hour event.

On October 25, 2013, the fully prioritized list (with IGT rotation included) with raw scoring rankings was published on the Region's website, through the Region's distribution list and through One Voice Texas' distribution list for final review and comment prior to submission to HHSC.

As the waiver planning and implementation process continues during the coming months and years, we are committed to continuing and improving our communication and outreach strategy, and will ensure stakeholders remain engaged and informed about the implementation, evaluation and review process. Regular community updates will be provided through the website, public meetings, and other communications. We will work with our Performing Providers to provide periodic project updates through various venues, including websites, newsletters and other communication media used by the providers. At least annually, a summary report will be published on the RHP website.