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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

It's time to report again! As the Waiver mechanics have evolved, reporting may seem like quite a burden. However, if we step back and view the potential results of reporting from a regional level, it is very exciting. Demonstration years 1, 2 and most of 3 have been much about planning, hiring and general preparation. Now that RHP3 DSRIP projects are headed into full implementation, the data gathered through DSRIP Reporting will begin to paint a very interesting picture of the impact of our soon-to-be approximately 180 projects (no approvals for New 3-Year Projects received as of the writing of this newsletter). We are committed to sharing this data and the story it tells as it develops. Clearly, there are other pieces of data that will become important over time, as well. Working together as a Region, sharing data, and reporting the impact of these projects, we will be able to appreciate the hard work and outcomes of all the DSRIP teams. We welcome the new providers joining us through the addition of New 3-Year Projects and appreciate their early enthusiasm in working with all providers in our Region through Learning Collaborative activities.

PROJECT SPOTLIGHT

Pediatric Dental Services at Harris Health aims to meet the dental needs of children in the community

HARRIS HEALTH SYSTEM

Today, we showcase Harris Health System's DSRIP Project: Pediatric Dental Services. Currently Harris Health offers adult oral healthcare services at many of their health centers. On December 14, Aldine and Vallbona health centers began offering pediatric dental services on Saturdays from 8 a.m. - 1 p.m. Soon this will include El Franco Lee Monday through Friday! Many children have unmet dental needs. Dental and oral disease have been linked to numerous conditions, including ear and sinus infections, weakened immune systems, diabetes, heart and lung disease and other serious health conditions. Children with dental-related problems are estimated to miss more than 51 million hours or school each year. Tooth decay is the most chronic childhood disease. Treating cavities and other oral health problems at an early age has potential cost savings by preventing other chronic diseases that may appear later in life. Access to oral health services is especially important for children and adolescents since dental problems may affect quality of life and ability to succeed. Harris Health is truly excited about this initiative!

LEARNING MOMENT

REGION 3 COHORTS EXPANDING COLLABORATION

The Region 3 Learning Collaborative structure includes a series of Cohorts focused on topics identified as areas of most interest to the Region. The five Cohorts are: Emergency Center (EC) Utilization, Behavioral Health, Patient Navigation, Primary Care and Specialty Care, and Chronic Care. As of March 26, 2014, four Cohorts are already underway. They are EC Utilization, Behavioral Health, Navigation, and Primary Care and Specialty Care.

Michael T. Smith, Division Manager of HCA Gulf Coast Division, engages the audience at the Behavioral Health Cohort on the concerns of the region and how they as a group can overcome them.

Participation is open to anyone interested in the Cohort topics, this includes DSRIP Project Performing Providers, IGT Entities, and interested community stakeholders. Performing Providers are strongly encouraged to actively participate in Cohort topics related to their organization's DSRIP projects as this will allow all stakeholders to learn from each other and ensure continued success through constant collaboration. The Anchor team has aligned projects across the Region to specific Cohorts for guidance. However, this list does not exclude any provider or project from participating in any Cohort and is only intended to serve as a guide. The list can be found **HERE**.

For a list of current meetings for each Cohort, **CLICK HERE**. If you wish to be included in Cohort activities or would like to request more information, please feel free to contact the Anchor Operations team at setexasrhp@harrishealth.org.

CLICK HERE for the complete article.

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IMPROVING HEALTH AND HEALTHCARE DELIVERY SYSTEMS BY SHARING DATA

When trying to improve a process, people identify outcomes that are suboptimal, and then ask why, determining which elements in the process need to change in order to see improvement. The second part of that process which asks the question "why?" is an important and exciting one for all of us, but its necessary prerequisite is "what?": the determination of the problem. Harris Health System's Health System Strategy team (Anchor) is here to assist Region 3 providers in improving their health systems and the health of the Region 3 community by asking "why?", but we first need the data to determine what processes need improvement. Consequently, the Anchor continues to identify data needs and request data from Region 3 providers to meet improvement goals as a region. Recently, several Region 3 providers shared data on behavioral health thirty-day readmissions as part of the Behavioral Health Cohort Coordination and Communication subgroup.

A fascinating portrait of behavioral health readmissions emerged from a preliminary analysis of just a few providers' datasets. One dataset showed different statistics in behavioral health readmissions based on gender; a larger share of readmitted patients were men than women. Another provider's data exhibited a large drop, from one year to the next, in readmissions after emergency room visits. A third provider's data showed disparities in behavioral health readmissions among different races, and higher readmission rates for people in transitional homes and the homeless than for people in family homes.

This simple data analysis enables providers to identify where care gaps exist. It also helps providers to see whether other organizations share similar issues, or whether one provider's care delivery process can be a model for improvement for others. Moreover, sharing demographic information with utilization data, as was shared in the datasets discussed above, adds layers of detail about patients' worlds – elements which drive health and health behaviors – both inside and outside of healthcare delivery facilities. For example, cultural differences matter, and being able to provide care that cuts across those differences is essential for improving patient health. Additionally, demographic health data can tell us where we need to make better connections with community leaders and organizations that provide other types of assistance to at-risk patients.

By sharing demographic and utilization data between providers, Region 3 is able to ask and answer many questions related to the effectiveness of our DSRIP projects. Knowing "what?" enables Region 3 to ask "why?", which leads to a cycle of improvement in our healthcare processes and in patients' overall health.

The Region 3 Anchor invites your participation in this process and looks forward to your support and participation in future data requests. Please contact Jessica Hall for more information about sharing data and other data related questions.

WELCOME NEW PROJECT STAKEHOLDERS

This Demonstration Year, Region 3 gained new project stake holders, Chambers County, Harris County Public Health and Environment Services (HCPHES), and Harris County Protective Services for Children and Adults (CPS) through a collaborative effort with MHMRA. We recently interviewed Harris County Protective Services for Children and Adults (CPS) to get their insight on joining the DSRIP initiative and the benefits they bring to the community. CPS shared the following:

1.) **What opportunities do you feel you bring to the region with the addition of your projects?**
   a. Our project is a program that serves as a Transition Center for foster youth ages 16-25 that are exiting the foster care system and those considered foster care alumni. The DSRIP project is focusing on the mental health needs of transition age youth between the ages of 16-18. We strive to give support to them as well as providing the tools they need to be successful.

2.) **What do you look forward to during the DSRIP process?**
   a. We ideally look forward to working with MHMRA, since they can assist us with the nursing services we need. Reporting is an experience that we are excited about because it gives us the opportunity to show how impactful this project can be in the community. By gaining a better understanding of how DSRIP works, we can continue to bring services like this to the community and guide the projects to be self-sufficient.

3.) **What is some additional collaboration you would love to be a part of and why?**
   a. We would love to work with Baylor College of Medicine, specifically with their Teen Clinic. The Teen Clinic project is a great project to target the youth population that would benefit from our services as well. Talks are in place for a possible future collaboration. Dr. Albert C. Hergenroder of the BCM Adolescent Clinic would be a great person to work with as well. City of Houston Health and Human Services is also an ideal partner due to the fact they have training for peers leaders and offer peer support. Through collaborative efforts in the region, all projects can be successful and exciting to be a part of.

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HELPFUL TIPS FROM ANCHOR PMO FOR DY3 APRIL REPORTING

Through our interaction with providers in the region and learning about past reporting experiences, the Anchor PMO has noticed that presenting supporting documentation in a simple and clear-cut way has been an important factor for approval of milestones and related achievement payments. Below are a few useful tips to consider as you prepare to report in April for DY3:

- Break each milestone/metric into components and prepare to satisfy each component with supporting documentation. For example, consider the following milestone and its components differentiated by the color of the text "Evaluate intervention, modify intervention as appropriate, develop policies/ procedures, and share lessons learned".
- Consider using the hyperlinking capability of *Performance Logic*. You can upload the files of your supporting documentation into the 'Documents' tab of your project, create a link for each of them and report the links to HHSC/CMS instead of attaching the files to multiple emails. HHSC/CMS can then click on the link to view the file.
- 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.
- Include your HHSC/CMS Project ID and indicate dates on all supporting documentation. It is also best practices to PDF your word documents to ensure that they open for HHSC during review.
- Utilize the sample Documentation Standards from the Anchor. Please keep in mind that use of this tool is for INFORMATIONAL use ONLY and does not guarantee approval nor payment.
- **CLICK HERE** to read the companion document thoroughly since it has guidance towards successful reporting.

REGION-WIDE STATUS REPORTS

TOP HIGH RISK ISSUES ACROSS THE REGION

- Hiring (Nurses, Physicians, Psychiatrists and Support Staff positions)
- Space limitations
- Construction delays
- Operational risks that would prevent metric achievement
- Referral process for patients

ACCOMPLISHMENTS ACROSS THE REGION

Planning for opening new Health Centers (KHC & Wood) – **Texas Children's Hospital**
Contracted with vendor to hire a Tele-health Pharmacist – **Columbus**
Achieved 95% of training at least 75% of all employees on the AIDET Project – **El Campo**
Patients scheduling appointments during extended hour time slots – **Fort Bend**
Efficient referral process – **Gulf Bend**
Space identified for new Medical Office Building – **Matagorda**
Enrolled 910 new participants in the ASPIRE program – **UT MD Anderson**
Finalized hours for Nurse Line program – **UT Health Science Center**
Hired several core staff for the DSRIP program – **Houston Methodist**
New Crisis Center facility is open – **Texana**
1178 individuals screened in DY3 for patients at risk for and/or diagnosed with Hepatitis C – **St. Luke**
Created form to confirm community referrals given to patients – **St. Joseph**
Implementation of InShape Program 100% complete – **Spindletop Center**
Started construction on Rural Health Clinic – **Rice**
Added over 2000 patients into their Chronic Disease Registry – **Oakbend**
Hired Medical Director, Clinical Pharmacist, Educators, Project Manager and Social Worker – **Methodist Willowbrook**
Secured and purchased new site location – **MHMRA**
Attended collaborative meeting and three separate other RHP meetings – **Memorial Medical Center (Port Lavaca)**
Added additional FQHCs locations – **Harris Health System**
Received DY2 payment – **Bayshore Medical Center**
Phone Navigator is increasing follow up appointments scheduled – **Memorial Hermann Hospital**

Number of providers that completed March Status Report: 24

Number of providers that did not complete March Status Report: 3

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TIMELINE

REGION 3 DSRIP TIMELINE

*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.

April 2014 – First DY3 (or carry forward DY2) reporting opportunity.

April 23, 2014 – Final date to submit questions regarding April reporting and inform HHSC of any issues with the template.

April 30, 2014 – April DY3 milestone/metric achievement (or carry forward DY2) reporting and Semi-Annual Progress Reports due from providers. IGT Entity Change Forms for July DSRIP payments due from providers.

May 16, 2014 – Due date for IGT entities to notify HHSC of any issues with affiliated providers' reports.

By mid-May 2014 – HHSC submits last batch of 3-year projects to CMS for review.

Early June 2014 – HHSC approves April reports or requests additional information from providers.

By June 2014 – CMS approves 3-year projects.

July 2014 – RHPs submit plan modifications for DY4-5.

TBD – Full RHP Plan submission to HHSC (July 2014 or later).

July 9, 2014 – Estimated IGT due date for approved April milestone/metric achievement and DY3 monitoring.

Mid-July 2014 – Providers supply additional information if necessary following April reporting.

July 31, 2014 – Estimated payment date for April reporting.

Mid-August 2014 – HHSC reviews and approves or disapproves additional information submitted by providers following April reporting.

September 9-10, 2014 – Tentative dates for annual statewide learning collaborative in Austin.

October 31, 2014 – Anchors submit administrative costs for DY 2 and DY 3 (target pending CMS approval of Anchor Administrative Costs Protocol).

January 2015 – Estimated payment date for Anchor Administrative Costs.

OPERATION STAY CONNECTED: REGION 3

Top 5 ways to stay connected with RHP3!

1) **Contact us by phone or email!** Questions or concerns? Please don't hesitate to contact your RHP3 Team at setexasrhp@harrishealth.org! We look forward to supporting your needs!
2) **Stay informed by calling into our Monthly Region – Wide Status Information calls!**
3) **Tweet us on Twitter!** Follow, Tweet, or Retweet us @setexasrhp. Stay connected with us throughout the day or on the weekend with important information.
4) **LinkedIn – Our LinkedIn Group is SETEXAS RHP3** A group to help RHP3 stakeholders and performing providers make connections with the goal of improving collaboration and improvement of projects related to the 1115 Waiver.
5) **Check out our newly revamped website in May.** The revamped website includes user friendly features, and pages dedicated to state updates, resources, project management, the learning collaborative and much more! www.setexasrhp.com

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