



ANCHOR WELCOME

It's March and another big month for the 1115 Waiver. Performing Providers will submit final Category 3 measures for consideration, DY4&5 values should be finalized, feedback on new 3-year and replacement projects will be received and we will all prepare for April reporting. Never a dull moment! Our Learning Collaborative activities have also been progressing with full force. We hope that the overview of the Institute for Healthcare Improvement (IHI) Breakthrough Series provides a good understanding of how it is being implemented and fully utilized in Region 3. Additionally, as we work hard to move past RHP Plan approval we will more aggressively highlight the exciting project activities of our Performing Provider like the Memorial Hermann project included here. In fact, keep your eyes open for our soon-to-be-released website update that will be a great platform for such highlights. Thank you to all of our stakeholders for their continued feedback and enthusiasm for all Waiver activities. ■

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PROJECT SPOTLIGHT

MEMORIAL HERMANN HEALTH SYSTEM

Our showcase this month is Memorial Hermann Health System's DSRIP Project: Mental Health Crisis Clinics. The project has made significant progress that has allowed it to build an integrated-care model that will enhance community access for vital mental health services.

The initial steps of determining the most effective care model involved collaborative meetings with key stakeholders across the broad mental health care spectrum, including staff from area psychiatric hospitals, law enforcement, personal care home staff, consumer representatives, and public and private community behavioral health services providers. After the team researched best practices, it is apparent that the integrated-care model is ideal as the project moves forward with program development.

In collaboration with two other Memorial Hermann DSRIP projects, Psychiatric Home Health Services and Psychiatric Response-Case Management, a public learning collaborative will be hosted on April 21 from 1pm-4pm at the Memorial Hermann Northeast campus in Humble, TX. The intent of this collaborative is to promote awareness by showcasing Memorial Hermann and other regional providers' care models and services as well as address the resulting gaps in mental and behavioral health care coverage. The event will conclude with a tour of the newly built Mental Health Crisis Clinic, which is located on campus and scheduled to open March 2014. [CLICK HERE](#) to read the full interview. ■

From left to right: Manish Pandya, Director, Psych Response Team; Sabina Chudleigh, Mental Health Crisis Clinic Manager; Danielle Williams, Practice Manager, Memorial Hermann Northeast Clinic; Mary Taylor, DSRIP Project Manager; Theresa Fawvor, Sr. Director of Behavioral Health Services



LEARNING MOMENT



BREAKING THROUGH WITH THE IHI SERIES MODEL

What is the IHI Breakthrough Series?

The IHI Breakthrough Series is a framework for achieving breakthrough improvements in quality via shared learning. The IHI Breakthrough Series framework provides the needed infrastructure for multiple teams/providers/project managers to quickly share knowledge and achieve improvements via the learning collaborative.

How does the IH Breakthrough Series facilitate collaboration?

The IHI Breakthrough Series brings together content and application experts with diverse backgrounds who are focused on a common goal. The participants form a 6 to 15 month short-term learning collaborative.

How is the IHI Breakthrough Series being used by Region 3?

Traditionally, the IHI Breakthrough Series framework is used to create the learning collaborative which brings together experts on a single, concrete topical area. The traditional learning collaborative is focused on a specific clinical improvement opportunity, with participants sharing knowledge of both the topic and the organizational change required to implement improvements around the topic. The Region 3 Learning Collaborative is much broader than the traditional IHI model because it involves 27 performing providers and 161 diverse projects. To effectively utilize the IHI Breakthrough Series framework, Region 3 has created topic cohorts which are more narrowly focused (i.e. Navigation, ED Utilization and Behavioral Health). Each cohort is a unique learning collaborative with the aim of sharing knowledge, learning from each other, and discussing implementation experiences.

[CLICK HERE](#) to read the full interview. ■



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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>.

- By March 28, 2014** - HHSC submits New 3-Year Projects to CMS (those that will be eligible for April reporting).
- April 2014** - First DY3 (or carry forward DY2) reporting opportunity.
- 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.



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PROJECT MANAGEMENT: STATUS REPORTS



Why is the Anchor requiring the status reports?

Status reports are a way for the Anchor to know how the projects are performing and what risks/issues the projects are facing. This enables the Anchor to assist providers and offers opportunities for collaboration. These reports also provide the Anchor with a means to recognize accomplishments throughout the Region and enables project owners the ability to assess how they are doing on their projects (i.e. are they on target, at risk of not meeting target, or not meeting target).

The ultimate goal of this initiative is the success of every project within the region and success in our effort to transform delivery of healthcare to improve population health. Last month the Anchor PMO conducted training classes for the project management software, Performance Logic. For those that didn't know, Performance Logic is the software that currently houses about 150+ projects for the region. For the PMO to best support all of the Region 3 projects, all Performing Providers are required to use the Anchor-provided software. Although organizations might be using Performance Logic at varying levels, the following are the required at a minimum:

- **Monthly Status Reports** - Enter project updates at least monthly
- **Tracking Milestones** - Update measures to show progress in achieving milestones
Monthly updates are preferred, however depending on the milestone, quarterly updates may be appropriate
- **Tracking Financial Impact** - Enter the incentives earned by report period

Updates should be completed by the 15th of each month, beginning in March, 2014.

[CLICK HERE](#) to learn how to create a status report. ■