



CONTACT:

(713) 566-6817

setexasrhp@harrishealth.org

setexasrhp.com

Follow us @setexasrhp

ANCHOR WELCOME

June is an important month for Region 3. This month will see the approval of new 3-Year projects bringing our total close to 180 projects in our nine county Region - more than any other Region and representing significant transformation for our healthcare infrastructure. Additionally, the review of April DSRIP reporting will be finalized allowing for additional funding to continue supporting this transformation. Finally, RHP 3 will host the third Learning Collaborative Conference at the University of Houston Hilton. Participants will have dedicated time to learn from each other and about important projects and their progress. Continuous quality improvement is an important component of project progress and this month's newsletter kicks off an important theme by introducing quality improvement methodologies.

As the Region's project portfolio has grown, so has the community of Performing Providers. We welcome Chambers County as a new and important collaborator. Without a doubt the improved collaboration that the 1115 Waiver has created is one of its great successes, in RHP3 and State-wide. This month's issue highlights some of the important collaboration in Region 3. Please continue to include the Anchor in these activities, as it is so important to share throughout the Region. See you June 5th at UofH! ■

PROJECT SPOTLIGHT

EXPANDING PROJECT VALET

This month, we showcase The University of Texas MD Anderson Cancer Center DSRIP Project: Expanding Project VALET (PV). Project VALET (Providing Valuable Area Life-Saving Exams in Town) is a mammography education and screening program for asymptomatic women ages 40 to 69, who are uninsured, without county assistance and who are patients in participating clinics. PV addresses barriers of cost and transportation by bringing free mobile mammography to the communities where eligible women reside. PV also provides women with necessary follow-up diagnostic testing, should it be needed, made possible through partnerships with participating facilities.

The current program has been operating with one mobile unit and has reached the maximum amount of available screening days through the MD Anderson Mobile Mammography Van. Any expansion would require additional funding for the purchase of another mobile unit. This was secured as a result of receiving final approval for the expansion project through the 1115 Waiver. The additional van will allow for both increased capacity and also provide back-up coverage if the current van requires servicing.

Project VALET proudly announces the arrival of the new mammography van, which will begin operating May 16, 2014. PV has currently been screening women in three Houston Department of Health and Human Services clinics and two Spring Branch Community Health Centers. Funding through the 1115 Waiver has already allowed PV to expand to Shifa Clinic and Spring Branch Community Health Center West Houston Clinic in addition to AccessHealth in Fort Bend County. A full listing of participating clinics is listed below:



MD Anderson premiered their new Mobile Mammography Van on June 2nd, 2014

AccessHealth: 400 Austin St., Richmond, TX 77469*

Houston Department of Health and Human Services (HDHHS) clinics:

- La Nueva Casa De Amigos Health Center, 1809 North Main, Houston, TX 77009
- Northside Health Center, 8504 Schuller, Houston, TX 77093
- Sunnyside Health Center, 9314 Cullen, Houston, TX 77051

Shifa Clinic: 10415 Synott Rd., Sugar Land, TX 77498*

Spring Branch Community Health Centers:

- 1615 Hillendahl Blvd, Suite 100, Houston, TX 77055
- 8575 Pitner Road, Houston, TX 77080
- 19333 Clay Road, Katy, TX 77449*

**made possible with waiver funding.*

For additional program information or questions, please contact:

Edith Silvas, Program Manager • esilvas@mdanderson.org (713) 792-0718

Lucy Balderas, Program Coordinator • lbaldera@mdanderson.org (713) 792-5756



QUALITY IMPROVEMENT: REGIONAL COLLABORATIONS

Harris County Public Health & Environmental Services (HCPHES) - Please explain the collaboration/discussion you have had with Harris Health related to improved clinical operations. How has it evolved?

With the global changes to our health care system, meaningful approaches for improving care and reducing costs, such as outcome and patient driven collaboration among health agencies and among subject-matter experts, will become increasingly important. HCPHES is extremely excited and honored to engage in dialogue and collaborate with Harris Health System regarding streamlining clinical operations, reducing patient cycle times from eligibility to discharge, and creating a culture that fosters a patient centered environment for the population in which we serve. After reaching out to Ricci Sanchez, VP of Operations for Harris Health System, at the most recent Harris County Healthcare Alliance meeting, dialogue centered on transforming clinical operations commenced between the two agencies. To date, leaders from the HCPHES Clinical Health and Prevention Services division and Harris Health System Eligibility Services/ Patient Financial Services team, have met on separate occasions to discuss streamlining the eligibility process by observing the Harris Health System eligibility model in application, and exchanging best practices for continuous services improvement leading to an improved patient experience at HCPHES. Additional knowledge sharing sessions will focus on clinical patient flow and standardizing patient treatment areas.

What is the vision for this collaboration related to DSRIP and your organization?

Interagency collaboration is a vital toolset in healthcare and public health fully leading to a 360 degree approach better serving the patient health continuum in an effective way for the citizens of Harris County. Solutions to barriers, clearing obstacles, and sharing of lessons learned via a PDSA (Plan, Do, Study, Act) not only serves in upstream prevention yet also leads to a more comprehensive view of patient services, diagnosis, and treatment as our goals remain unified, a healthier community of practice. HCPHES welcome's the collaborative DSRIP efforts with Harris Health System as we build meaningful capacity in servicing the overall intent of DSRIP projects in Region 3 with a theme of building a sustainable care model where high quality preventative care services can be delivered to the citizens of Harris County via proven healthcare transformation, innovation, and strategic partnerships increasing the overall quality of life to our citizens. Within any region there are different challenges as with Region 3 where many of our patients are adversely impacted by health inequities, lack of upstream solutions, and limited knowledge of healthy living. Patients will require guidance to navigate the healthcare continuum and this is where a unified "commitment to community" approach plays a pivotal role in providing the right care, at the right time. As we transform healthcare delivery whether in the traditional environment of care or within the mobile clinic platform, HCPHES will continue to rely on key relationship building such as the Harris Health System – HCPHES partnership with early beginnings and cultivation generated from regional DSRIP initiatives.

City of Houston Dental Project - Please explain the collaboration/discussion you have had with Harris Health related to improved clinical operations. How has it evolved?

The Texas Oral Health Coalition have met to discuss DSRIP related dental projects, eligibility and patient access. Staff from Harris Health System and the City of Houston Department of Health and Human Services has shared information on DSRIP and non-DSRIP dental projects. This includes Harris Health System's two projects – pediatric and perinatal dental services funded through the 1115 Waiver and Title V. Schedules and clinic locations have also been shared. The City of Houston also has two projects, both funded by the 1115 Waiver. These projects include Geriatric Oral Health and Oral Health Services which focuses on children. Harris County Public Health and Environmental Services (HCPHES) have also shared on the oral health educational services provided in 14 school districts. The Houston Independent School District (HISD) has also participated. Participants have also been reminded of the Quad Eligibility System in Houston that facilitates the eligibility process within Harris Health System, HCPHES, City of Houston and the Mental Health and Mental Retardation Authority of Harris County (MHMRA). Participants continue to meet and share information with a strong relationship in building between the City DHHS and Harris Health System around children with rampant dental pathology.

What is the vision for this collaboration related to DSRIP and your organization?

To work together in partnership to ensure improved oral health for the at-risk populations we serve; to improve the overall oral health of those living in the Greater Houston Metropolitan Area; and to do so by stressing preventive which will ultimately lower costs.

To read the full interview, [CLICK HERE.](#)



WELCOME NEW PROJECT STAKEHOLDERS

This month we continue our interview with the new project stakeholders bringing innovative projects to our Region. We recently interviewed key staff at *Chambers County* to get their insight on joining the DSRIP initiative and the benefits their projects will bring to the community.

1.) What opportunities do you bring to the region with the addition of your projects?

We are bringing in additional providers so that the growing West Chambers population and the underserved East Chambers population will have local access to healthcare. By providing healthcare via a Federally Qualified Health Center we are breaking down financial barriers to healthcare. In addition, we have the opportunity to help diabetics live a healthier and longer life by bringing them access to more health services and diabetes education.

2.) What do you look forward to during the DSRIP process?

I look forward to the number of patients we serve going up and the percentage of diabetics with uncontrolled diabetes going down.

3.) What are some additional collaboration opportunities you would love to be a part of and why?

We are open to any and all collaborations. As a rural provider, we need to bring additional mental health programs to our population as well as specialty care so that those residents who may not be seeking help due to their inability to travel can receive the services that they are currently going without. We are proud to be working with MD Anderson’s fit-flu project and look forward to future collaborations.

QUALITY IMPROVEMENT 101: WHAT METHOD SHOULD I USE?

Continuous quality improvement is a core goal of healthcare organizations. Engaging in quality improvement brings value to patients, providers, employees, and stakeholders.

Over the years, quality improvement methodologies have evolved from being relatively low in complexity and qualitative in approach to sophisticated modeling and statistical analyses. Each methodology builds from its predecessor and expands the body of knowledge on quality improvement.

The least complex and primarily qualitative approach to quality improvement is the Plan-Do-Study-Act (PDSA) cycle. Adopted from Edward Deming’s 1950s original Plan-Do-Check-Act (PDCA) cycle, this approach to quality is embedded in almost all quality improvement initiatives. PDSA has been adopted by the Institute for Healthcare Improvement as a means to achieve “breakthrough improvements” in a short time frame. The PDSA cycle requires quality improvement teams to plan for improvement, implement improvements on a small scale, study the improvement effects, and adopt the improvement throughout the process or abandon it. Quality improvement projects that seek to pilot or test process changes are good candidates for using a PDSA methodology.

“Lean” is a fairly straight-forward and easy to understand quality improvement methodology aimed at eliminating waste. Waste is defined as a non-value added (something for which a customer would not want to pay) process or process step. The Toyota Production System introduced “lean” in the 1990’s as a means to improve customer satisfaction. Quality improvement projects which look to streamline flow or remove steps would benefit from using a Lean quality improvement approach.

Six Sigma is a quality improvement methodology, which utilizes statistical techniques, to study and reduce variation and/or errors within a process. Developed by Motorola in 1986, Six Sigma is well suited for quality improvement projects that seek to reduce variation in cycle or wait time and/ or eliminate errors. Many organizations have combined the tools for Lean and Six Sigma, thus the term “Lean Six Sigma”.

To read the full interview, [CLICK HERE](#).



