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ANCHOR WELCOME

As always, it was an exciting month for RHP3! As planned, the second DY3 Learning Collaborative Conference was held at the University of Houston. This event continues to grow, and hopefully improve, in each demonstration year. The approach to planning each event is to build on previous events and other 1115 Waiver accomplishments achieved throughout the DY. DY3 saw us kicking off an important theme - quality and process improvement. Look for more in-depth quality based learning opportunities in coming events. Our newsletter continues to be a great place to get additional information on the important project unfolding in RHP3. Thank you to CHI St. Luke's for Project E.C.H.O. and their full participation in 1115 Waiver activities across multiple regions. ■

PROJECT SPOTLIGHT

ST. LUKE'S OFFERS HEPATITIS C TESTING & TELEHEALTH SERVICES

The Texas 1115 Healthcare Transformation Waiver has allowed CHI St. Luke's Health Baylor St. Luke's Medical Center to not only provide free Hepatitis C antibody and PCR screening to at-risk individuals across Region 3 and throughout Texas but also telehealth specialty services through Project E.C.H.O. (Extension for Community Healthcare Outcomes).

Through the DSRIP project, a total of 3,928 individuals have been screened for Hepatitis C. Many of those identified as HCV positive are currently being treated by their local primary provider through Project E.C.H.O. collaborations.

Project E.C.H.O. provides free case based telementoring and coaching to primary providers through the use of telehealth HCV clinics. The program allows primary care providers to increase their expertise with treating HCV positive patients. This will enable the partner organization to become the preferred specialty provider and allows the patient to be treated close to home. For each participating partner, one hour of Category 1 CME is offered. The attendees for each telementoring session are the Project E.C.H.O. Medical Director, Norman Sussman, MD, the clinical psychiatrist, the clinical pharmacist and the project coordinator.

For more information on these programs, please call 1-800-72-LIVER. ■



The accompanying image shows the Project E.C.H.O. team beginning a live HCV teleconference session with providers. Left to right: Raymond Yau, Norman Sussman, MD, Lizette Escamilla, Wayne Gosbee, and Saira Khaderi, MD.

LEARNING MOMENT



REGION 3 LEARNING COLLABORATIVE

On June 5, 2014, RHP3 hosted its third Learning Collaborative Conference, the second of two conferences in DY3. The Region 3 Anchor team developed the day's agenda based on state requirements, participants' feedback from prior events, ongoing conversation with providers, and guidance from the Learning Collaborative's Steering Committee. Attendees represented a variety of stakeholders, including: project owners and implementation teams from RHP 3 Performing Providers; non-DSRIP community stakeholders; and providers from other regions.

The conference provided opportunities for stakeholders to learn about the region's projects. Participants spent the morning reviewing the Project Showcase and in breakout sessions specific to five topic categories. Conference attendees spent two hours in breakout sessions, with an opportunity to spend one hour in each of two session choices. Participants in the Patient Navigation and Primary/Specialty Care breakout participated in a speed networking activity, while attendees of the Behavioral Health session rotated through project mini-presentations by a number of DSRIP providers. The EC Utilization breakout was a facilitated conversation about the progress, challenges, and successes of projects that impact emergency department usage. Lastly, participants in the Chronic Care session formally kicked off the group's activities as a Learning Collaborative Cohort.

The day's second main objective was quality improvement. Dr. Lee Revere, of UTSPH, introduced the audience to several quality improvement tools. She then led a tabletop activity during which groups applied a specific tool to address a fictitious healthcare quality prompt drawn from the region's own projects.

The conference included other activities and presentations designed to learn from providers, to share relevant information about RHP 3, and to learn about DSRIP projects in other RHPs around Texas.



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>.

- Mid-July 2014** - Providers supply additional information if necessary following April reporting.
- July 31, 2014** - Estimated payment date for April reporting.
- August 8, 2014** - Target due date for Plan Modifications from all Performing Providers.
- Mid-August, 2014** - HHSC reviews and approves or disapproves additional information submitted by providers following April reporting.
- September 9-10, 2014** - Annual statewide learning collaborative in Austin.
- Through September, 2014** - Mid-Point Assessment Desk Reviews.
- September 2014 - November 2014** - Mid-Point Assessment Site Visits.
- 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.
- September 30, 2014** - Application due to CMS for Waiver Renewal/Extension.

REGION-WIDE STATUS REPORTS

TOP HIGH RISK ISSUES ACROSS THE REGION

- Hiring
- Meeting Required Volumes
- Referral Coordination

ACCOMPLISHMENTS ACROSS THE REGION

- Participated in June 5th Learning Collaborative event
- Collaboration - within the organization and with other organizations
- Hiring

Number of providers that completed June Status Report: 26

Number of providers that did not complete June Status Report: 1

CONTINUATION FROM COVER:

Dr. Stephen Klineberg of Rice University's Kinder Institute presented an analysis of the region's rapidly evolving demographics and the Harris County population's opinions on community issues, including healthcare and health insurance. Afterwards, representatives from the five Learning Collaborative Cohorts updated the region on the Cohorts' activities over the previous six months and made calls for action relating to each Cohorts' work. Finally, UT Health Northwest (RHP1), UT Medical Branch at Galveston (RHP2) and University Health System (RHP6) presented on their region's DSRIP activities, as well as on the successes and challenges they've faced in implementing DSRIP.

The event concluded with the leaders of 14 regional stakeholders signing poster-sized English and Spanish language letters that demonstrated their commitment to navigate patients to the healthcare providers best for the patient.

Overall, the third Learning Collaborative for RHP3 was a great success and left many satisfied stakeholders. The Anchor team has begun working with the Steering Committee to start planning the next great event. We'll see you in the Fall of 2014! ■



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