

# REGION 3

anchor updates

## ANCHOR WELCOME

Spring is here! Hopefully, that means we all have a little more pep in our step for April Reporting. The project development and plan approval process has been a lengthy one.

It could make it feel like we are still at the beginning of the Waiver. Truth is, we are half way through the next to the last year. DY4 will be an important one. In

October, providers will have a chance to report on Category 3 outcome measures and we will begin to see the impact of these important projects, like the one highlighted month.

This includes an important partnership between MHMRA and The Council on Recover (previously, The Council on Alcohol and Drugs Houston). St. Luke's Medical Center has also made a huge impact with the Project Echo program. The mid-point assessment, value-based care and activities in RHP 9 & 10 are also included this month. Happy Reporting! ◀



## PROJECT SPOTLIGHT

### MHMRA of Harris County

MHMRA of Harris County has 27 DSRIP projects of which 8 are projects that collaborate with external providers. The project highlighted below is a collaboration with The Council on Alcohol and Drugs Houston to provide substance abuse specialty services to individuals with a co-occurring mental illness and substance abuse disorder.

MHMRA contracts with The Council on Alcohol and Drugs Houston to provide 30 Licensed Chemical Dependency Counselors (LCDCs) experienced in working with patients who suffer from co-occurring disorders of mental illness and substance abuse. These services assist patients in decreasing their contact with the criminal justice system; accessing psychiatric and medical inpatient services and allows them to improve their level of functioning. It is expected that by DY5, patients will show a 10% decrease in jail bookings, and psychiatric admissions, a 30% increase in their level of functioning as measured by the Adult Needs Strength Assessment and a reduction in the use of illicit substances as measured by self-report and urinalysis.

A notable success has been that approximately 45% more patients as originally anticipated have been engaged in these co-occurring services for individual sessions, in four MHMRA locations. Additionally, a significant number of those patients are attending group sessions. We've been pleased that Council staff has been able to successfully integrate with MHMRA teams. Having access to MHMRA's electronic health records and system has been vital for Council staff to function similar to MHMRA staff by having access to essential information. Early indicators reflect that patients have decreased recidivism, reduced substance use, adhered to psychiatric medication regimes, and have improved functioning all of which are key measures. ◀

**To read the entire interview with MHMRA, [CLICK HERE](#)**



Bottom row: Ruby Smith, Artie Whitley, Barbara Kirkman  
Middle row: Sharon Jason, Pat Fontaine, Kristina Puckett, Lillie McCoy,  
Navita Johnson, Brian Schultz  
Back row: Angela Caldwell, Candy Witt, Debra Quernheim, Che'Yun Lane

## A CLOSER LOOK INTO THE MIDPOINT ASSESSMENT

### Featuring Harris Health System and MHMRA

Last month three Region 3 providers were selected for site visits for the mid-point assessment. UT Health Science Center and MHMRA both had one project selected for a site review. Harris Health System had two projects selected.



#### 1.) What were your expectations of the desk review of the mid-point assessment?

Since no individuals had been served when DY3 October reporting was completed, we expected to provide detailed information regarding the progress of the program and outline steps to meet the identified metrics. Also, there was an expectation to identify challenges and what mechanisms are in place to overcome barriers/obstacles.

#### 2.) Did you feel prepared for the assessment?

There was a conference call prior to the meeting that assisted with preparation and provided an overview of anticipated topics. In addition, the questions they planned to ask were inadvertently included in the Mid-Point Assessment Desk Review. This allowed us to gather our responses before the site visit. The Medical Director of one of the partner FQHC's participated in the site visit, which allowed the interviewers a more in-depth understanding of the collaboration. It would have been more difficult to answer some of the questions on the spot without seeing the questions in advance. There were some questions that solicited information that was not readily available or that occurred during a timeframe prior to program beginning. ◀



#### 1.) What were your expectations of the desk review of the mid-point assessment?

It was unclear what the reviewers would ask or what they wanted to see. Harris Health System had two projects selected for site review; Expand Partnerships with Federally Qualified Health Centers (FQHCs) project and the Two New Health centers project. In anticipation of a face to face type meeting, an overview presentation was developed for each project.

#### 2.) Did you feel prepared for the assessment?

Given the available information, we prepared for the assessment to the best of our ability. Key team members for each project attended the meetings. This included project managers, project owners, finance, the operations liaison and executives to ensure that the appropriate subject matter expert was available to answer all questions. ◀

Please [CLICK HERE](#) to read the entire mid-point assessment experience from Harris Health System and MHMRA.

## LEARNING MOMENT

### The Road To Value-Based Care

Value-based payment models for health care have the potential to upend traditional patient care and business models. What can your organization do to effectively make the shift? – dupress.com. ◀

To check out the entire article, [CLICK HERE](#)

Source: Gerhardt, W., Korenda, L., Stanley, L.E., Vadnerkar, G., “The Road to value-based care.”

Deloitte University Press, April 7, 2015, 1:40pm.

<http://dupress.com/articles/value-based-care-market-shift/?id=us:em:na:dup1063:eng:lsbc:040715>



## THE MARCH CELEBRATION OF SUCCESS

### Chi St. Luke's Health-Baylor St. Luke's Medical Center Strengthens Access To Quality Community Health Services With Project Echo Program

Houston, TX (March 2015) – CHI St. Luke's Health-Baylor St. Luke's Medical Center (Baylor St. Luke's) announced that it has made significant strides in improving community health through its telehealth program Project ECHO (Extension for Community Healthcare Outcomes). Recently, the program reached an important milestone with its first patient case to be cured of the hepatitis C virus (HCV).

Launched last year, Project ECHO enables Baylor St. Luke's specialists to not only train, but to mentor primary care providers, in underserved and rural Texas communities, on treating patients who have been diagnosed with the chronic disease. ◀

To check out the entire article, [CLICK HERE](#)





## REGION TO REGION

### RHP 9 & RHP 10 present: Collaborative Connections - Impacting Care

Collaborative Connections - Impacting Care is a two day event highlighting the triple aim, 1115 waiver impacts on healthcare, waiver renewal activities, how to sustain the gain in your project, depression screening in primary care, integrated behavioral health and primary care, breakout sessions by project types and category 3 outcome measures, and more.

**Wednesday, May 27, 2015: 8:00 a.m. - 4:00 p.m.**

**Thursday, May 28, 2015: 8:00 a.m. - 4:00 p.m.**

To register for the event, [CLICK HERE](#)



Mark Your  
Calendar!

## REGION 3 DSRIP TIMELINE

**February 1 - May 1, 2015** - Project Withdrawal Period.

**April 24, 2015** - Final date to submit questions regarding April reporting and inform HHSC of any issues with DY4 data in the reporting system.

**April 30, 2015, 11:59 p.m.** - Due date for April DY4 reporting, including required semi-annual progress reporting due to HHSC.

- Any changes in IGT Entity or IGT amount for April reporting must also be submitted.

**May 20, 2015, 5:00 p.m.** - Due date for IGT Entities to notify HHSC of any issues with their affiliated providers' April DY4 reports.

**June 10, 2015** - HHSC and CMS will complete their review and approval of April reports or request additional information (referred to as NMI) regarding the data reported.

**June 17, 2015** - Second DY4 Learning Collaborative Conference at University of Houston Hilton (SAVE THE DATE!).

**July 2, 2015, 11:59 p.m.** - Due date for providers to submit responses to HHSC requests for additional information on April reported milestone/metric achievement and incomplete semi-annual progress reports.

**July 8, 2015** - IGT due for April reporting DSRIP payments and Monitoring IGT.

**July 21, 2015** - April reporting DY4 DSRIP payments processed for transferring hospitals and top 14 IGT entities.

**July 31, 2015** - April reporting DY2 and DY3 DSRIP payments processed for all providers and DY4 DSRIP payments processed for remaining providers that were not paid on July 21.

**August 7, 2015** - HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on April reported milestone/metric achievement and semi-annual progress reports.

**August 26th and 27th, 2015** - (tentative dates) Statewide Learning Collaborative.

**January 2016** - (Estimated) Metrics approved during the additional information period will be included for payment in the next DSRIP payment period.

