Southeast Texas Regional Healthcare Planning
Texas Healthcare Transformation and Quality Improvement Program ☆ Medicaid 1115 Waiver

Workgroup Session # 1
Meeting Notes – March 28, 2012 (Marriott Medical Center)

Introduction

- David Lopez welcomed the team and thanked all for their participation. David addressed issues pertaining to the ongoing progress of the Waiver and the fact that many items still remain undecided by HHSC. Such items include: Defined regions, Rules & regulations of funding, State DSRIP menu, and IGT principles. The team was asked to focus to concepts & solutions versus finance & IGT as there are many unknowns at this point.

- The presentation "Regional Healthcare Partnership Planning" was given by HMA, which explained the Waiver in detail. This presentation is available online at www.setexasrhp.com for future reference. Participants were given the opportunity to ask questions.

- HMA explained that the goal for the day was to develop an initial brainstorming of potential projects that can be further developed to be included in the Regional Healthcare Partnership Plan that will be submitted to the State for consideration.

- Deadlines for submissions and rules were given. It was explained that these dates may change. These dates are also available in the "Regional Healthcare Partnership Planning" presentation online.

- Examples from California were distributed: Expand access to specialty care with new clinics; Increase PCP capacity by creating new positions and expanding urgent care centers.

Brainstorming Session + Q/A

- *Concept: Research suggests that better housing equals better health outcomes*
  - Explore public and homeless housing opportunities
  - Evaluate and expand HUDs Housing First Model in primary care system

- *Concept: Equalize available Primary Care visits based on population of community*
  - Consider this as ultimate goal
  - Break up into smaller subsections that are feasible through time

- *Concept: Return to care collaboration*
  - Design process that will facilitate return to care for patients

- *Concept: System Navigation*
  - Educate patients how to navigate system and make it easier for them identify and access appropriate services
  - Health literacy

- ▪ How to use the health system appropriately and decrease overuse and inappropriate use of services such as ER

- *Concept: Mental Health/Substance Abuse services provided in schools*

- *Concept: Improve access to specialty care across community and region*
  - o Expand use of telemedicine
  - o Focus on chronic diseases such as diabetes and cardiac heart failure, with a particular focus on those that account for high costs

- *Concept: Expand pharmacy services and medication assistance*
  - o 340B assistance program

- *Concept: Improved access to behavioral services*
  - o More intensive level of care
  - o Provide "after" care
    - ▪ ex. after released from jail
  - o On-going care
  - o Expand provider base; enhance training for PCPs

- *Concept: Mental health crisis service center*
  - o Ex. 72 hr observation unit to reduce overcrowded Emergency Centers

- *Concept: Training to better address intellectual and development disabilities*

- *Concept: Address lack of interest from medical students to become PCPs*
  - o Find ways to encourage and attract students into these residencies

- *Concept: Resources provided in collaborative manner*
  - o Include resources from all aspects of the community for at-risk-population
    - ▪ Ex. Haven for Hope in San Antonio

- *Concept: Alternatives to PCPs*
  - o More use of Nurse Practitioners, Physician Assistants, etc
  - o Satellite clinics
  - o Certify more providers

- *Concept: Improve access to resources for diabetes management*
  - o Develop collaborations to increase funds for devices needed for diabetes management

- *Concept: Transitional medicine*

- o Focus on continuum of care from child to adult, especially in chronic disease patients
- o Improve access to resources available for patients that age-out of Medicaid and lose access to their health care and PCP

- *Concept: Increase Public health program eligibility awareness to community*
- *Concept: Establish strong case management model among systems*
  - o Expand number of case managers based on population covered in system
- *Concept: Expand urgent care facilities and services*
- *Concept: Health screenings provided at the workplace*
  - o Engage employers by emphasizing the decreased need to miss work for wellness visits
- *Concept: Increased access to parenting classes*
  - o *Will decrease strain on PCPs if parents are better informed and trained to handle routine medical conditions*
- *Concept: Leverage technology*
  - o Care teams
  - o Mobile doctors
- *Concept: Models of primary care and specialty care integrations*
- *Concept: Improve access to dental care*
- *Concept: Improve access to pre-natal care, especially for high-risk population*
- *Concept: Improve observation status care services to decrease EC overflow*
- *Concept: Address need for more residency/GME spots in Houston*
  - o Train here, stay here concept
- *Concept: Increase prevention and wellness where people live*
  - o Ex. reach out to faith- based communities for support
- *Concept: Regional Health Fraud Unit (DA's office)*
  - o *Reduce inappropriate health care costs*
- *Concept: Define and promote Centers of Excellence*
  - o Provide services to communities with lack of resources
- *Concept: Services to kids in schools*
  - o Ex. school-based clinics

- *Concept: More FQHC satellites*
- *Concept: "One Stop" access integrated system of care*
    - Used to provide information/resources
- *Concept: Peer to peer care coordination*
    - Include clinical expert plus other positions
- *Concept: Establish partnership to facilitate social services for patients*
    - Ex. transportation collaborations to get patients to Dr. visits
- *Concept: Address problem of extensive use of unnecessary ambulance services*
    - Ex. HFD nurse hotline reduces use of ambulance services
    - Establish method of educating patients that ambulance services should be used only for emergencies, not method of transportation to hospital
- *Concept: Identify population with most barriers to access*
    - Strategize methods to address problems (such as overuse of ambulances) and incorporate case management
    - Work with Dept. of Health and Human Services for zip code reports to identify inappropriate service utilization and lack of services
- *Increase and sustain Medicaid enrollment*
    - Identify population and educate
    - Begin planning for 2014 Medicaid enrollment expansion

Conclusion + Q/A

- *Next Meeting- 4/09/12 at 5PM (Marriott Medical Center)*
    - We will prioritize our list of potential projects.
    - We will go into further depth on some of the potential projects.
    - We will discuss metrics and outcomes to measure.
    - The HHSC DSRIP menu of projects is delayed but anticipated mid April 2012.
- Remember- We can be paid for expanding programs that currently exist, but we cannot do what we are already doing now.