Workgroup Session # 1
Meeting Notes – March 19, 2012 (3:00 – 4:45 pm – Health Museum)

Introduction

- David Lopez opened the meeting with a brief introduction and overview of current issues surrounding the Waiver. He emphasized that workgroups should focus on identifying appropriate, transformational projects and metrics as the final rules of the Waiver are being written.
- The presentation "Regional Healthcare Partnership Planning" was given by HMA, which explained the Waiver in detail. Participants were given the opportunity to ask questions.
- Christus representative requested that the most recent copy of the 1115 Waiver be distributed electronically to the group.
- HMA explains that the goal today is 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.

Brainstorming Session + Q/A

- ***Question***: ***Will the 9 areas be synthesized to form the final plan?***
  - Yes, the projects and ideas from all 9 workgroups will be aggregated to form a cohesive plan.
- ***Question: Will the feedback from the Rice University meeting (2/16/12) be used to create the list of projects?***
  - Yes, the feedback has been incorporated, but the workgroup meeting here today will form a menu of options for the Regional Advisory Council to consider. It is made up of IGT providers who will decide the final projects in the RHP plan. ***Question: What is the definition of infrastructure if it does not include 'brick and mortar'?***
  - Infrastructure can include: technology; human resources, etc. It does not include bricks and mortar.
- ***Concept: Reduce inappropriate ED utilization***
  - Streamline and formalize the ED discharge and referral process between FQHCs and hospitals (i.e. LBJ).
  - Expand existing EPIC referral link process that is used for specialty care with FQHCs.
- ***Concept: Get appropriate/alternative care for our most "frequent fliers"- e.g., Hemodialysis and psych patients***
  - Dialysis
    - Most needed by the undocumented. They seek inappropriate care in the ED.

- Psych
    - Not enough mental health beds in the city. Patients use ED while waiting for beds. LBJ does not have enough inpatient psych beds, so patients use acute beds until beds at HCPC open.
    - Average pediatric nurses are not equipped to care for patients with psych needs, but they are forced to care for them out of necessity (TCH).
    - An ED diversion process could be useful for psych similar to program used for criminal justice system patients.
    - Expand primary care based programs for behavioral and psych needs. This could help ease ED utilization problems.
        - Expand providers in the community.
    - Undertake strategies to address high utilizers of ED that have behavioral health needs. From a health plan's perspective, 80% of frequent fliers had significant mental health issues; therefore must work to collaborate and coordinate with mental health providers.
    - Need to undertake strategies for high utilizers of ED that are not condition-specific
    - Need to develop new, multidisciplinary screening methods in ED (including social workers) to identify needs that may be better addressed elsewhere.

- ***Concept: Are we assigning all patients a health/medical home?***
    - We should emphasize primary care medical homes with coordinated care, creating linkages back to the health home from the ED
    - We should allow some specialties to function as a patient's medical home before and after surgery with more comprehensive care for a period until they can be discharged to a primary care physician. Use UT's neonatal program as an example.
- ***Concept: Are we fully utilizing Navigators, educators, social workers, etc.?***
    - Coordination of care for the indigent is huge need.
    - Need to use culturally competent health navigators/health educators re: appropriate use of the system.
- ***Concept: We must have a tight system to truly prevent inappropriate entry into the ED.***
    - Create a highly developed triage system, especially for frequent fliers.
    - Standardize triage protocols across the region.
    - Create a Nurse Call Center—what happened to the HCHD "Ask My Nurse" system and has its closing affected ED utilization?

- ***Concept: We need effective discharge planning to prevent readmissions.***
  - Need to ensure effective discharge planning with medical home for every discharge. Begin planning before admission for elective surgeries.
  - Physicians should be held accountable by using scorecards.
  - Need to collect best practices regarding readmissions.
- ***Comment: If the 1115 covers the operational costs associated with new capital investments, then we should be able to go to foundations for the capital costs of mental health beds.***
- ***Concept: What is our real clinic capacity? (outpatient)***
  - There is a study being done. We expect that there is capacity, but adding capacity would improve access regardless. Need to add providers and redesign processes for better productivity.
- ***Concept: Patients are not held accountable for following through with care (e.g., diabetes and other behavior protocols).***
  - Create penalties or incentives to encourage proper care, particularly before elective surgery. This population has special needs to keep in mind re: incentives/penalties.
  - Need better accountability and data on patient follow through.
- ***Concept: Ensure appropriateness of care at admission and during stay by physicians/providers***
  - Projects concerning this would be easily measurable.
  - For appropriate utilization of resources during stay, use evidence based guidelines and case managers.
  - Utilize IT solutions with evidence based rules at admissions to ensure appropriate admissions. (e.g., EPIC prompts). IT tools at entry must be optimized.
  - We should measure and monitor admission rates.
  - We need aggressive case managers to make this work.
  - Evidence-based guidelines are equally important.
- ***Concept: Since the IT Houston alliance has already been established, is it eligible for funding?***
  - Yes, they can develop or expand projects that can be funded.
- ***Concept: Enhance data capacity. Need better quality improvement data and benchmarks and other data discussed.***
  - There are infrastructure AND capacity needs in IT.
  - We need human resources to extract and analyze data.
  - We need equipment and capacity to store data.
  - With EHRs, the data is there, but we need resources to extract and monitor the data.

- ***Concept: Need better transition from childhood to adult providers for high-risk/complicated patients (e.g., CHF).***
  - Lack of providers to refer to.
  - This also applies to care needed by mothers.
- ***Concept: Current reimbursement levels for primary care physicians are inadequate to care for high-risk/complicated patients.***
  - We need flexibility of practice patterns through modified reimbursement methodology.
  - Performance metrics that have been set by the federal government (patient visits per provider) do not reflect level of care needed for complex patients.
- ***Concept: Cancer care needs will grow as the population ages.***
  - All types of resources will be needed.
- ***Concept: End of life care and palliative care are needed.***

Conclusion + Q/A

- ***Next Meeting- 4/16/12 at 3PM at Health Museum.***
  - 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 due April 1, 2012.
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- A central theme of the meeting seems to be to improve the screening process, or to screen patients out of the ED—remember that we must avoid EMTALA violations
- The community needs assessments are NOT available online. Please fix the broken links.
- The group would like the notes from the meeting to be sent out as soon as possible to share with their organizations and partnering institutions.
- HMA: At the next meeting, we will prioritize projects and develop measures and metrics for the projects. We should set milestones that are ‘doable.’ Remember to prioritize accordingly.