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

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.

- HMA explains that the goal today is to develop an initial menu of projects to send to the State for consideration.

Brainstorming Session + Q/A

- *Concept:* Expand adoption of Electronic Health Records by extending existing EHR's from larger institutions to FQHC's, other safety net providers & affiliated ambulatory care providers.

- *Note:* The Harris County Medical Society reported that 46% of its member medical practices are those comprised of 5 or less physician members.

- *Concept:* The importance of Health Information Exchange (HIE) was discussed and the need to start with emergency rooms. Structure and infrastructure is in place within most hospitals to begin working on continuum of care. What are lacking are processes and policies to be put into place to work within legal boundaries.   Still need to work with FQHC's and other community clinics.

- *Concept:* Build the process and structure with the EPIC providers then work with the other HIE systems to build the continuum.

- *Discussion:* Concerns were raised about consumer privacy and "Big Brother." Group consensus on this point is that the majority of consumers (80%) want their information shared amongst the provider community if it is protected by privacy laws such as HIPPA. The other 20% could opt out.

- *Concept:* Barrier to bringing the continuum of care and the systems together is to make sure that intake staff in all agencies/facilities uses the systems consistently and it must be user friendly.

- *Discussion:* Concerns were raised that the current EMR systems in the market that are physician practice based are not user friendly and they disrupt the physician thought process and workflow.

- *Concept:* Patients need to be educated on the importance of providers to have the ability to share information across the continuum of providers – patient education materials could be an innovation.

- *Concept:* Fund patient access to their EMR through mobile devices/phones, etc. Also discussed were recordings of medical information and instructions. Incentivize patient accountability.

- *Concept:* Innovation of giving access to FQHCs to agency eligibility systems. Expansion of the Quad Agency eligibility project.

- *Concept:* Expand access to specialist via telemedicine. This may overlap with the Access to Care Workgroup.

- *Concept:* Patient communication via care coordination, encouragement and communication with chronic patients.

- *Concept:* Peer navigators to assist patients have shown to increase patient compliance and access to appropriate levels of care. Soon should be able to have data to measure the success in terms of patient clinical improvements.

Conclusion + Q/A

- *Next Meeting- 4/16/12 at 3PM*
  - 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.
  - We will have the HHSC menu of projects by that time.