Region 17

Regional Healthcare Partnership

Regional Planning Meeting – DSRIP Priority Areas and Projects
Thursday, June 7, 2012
1:00 p.m. to 3:00 p.m.
Brazos Valley Council of Governments
3991 E. 29th Street • Bryan, Texas 77803

AGENDA

I. **Welcome**

II. **Update/Summary of RHP 17 Waiver Activities**

III. **Review of Identified DSRIP Priority Areas – County and Regional**

IV. **Review of DSRIP Project Proposal Form**

V. **Discuss Project Proposal and Selection Process**

VI. **Closing Remarks and Next Steps**

VII. **Adjourn**

Meeting will be facilitated by Dr. Monica Wendel and Ms. Angie Alaniz

Texas A&M Health Science Center

Visit our 1115 Medicaid Transformation Waiver website: http://www.tamhsc.edu/1115-waiver

Regional Healthcare Partnership 17
Priority DSRIP Project Areas

	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington	BV MHMR	Tri-County MHMR	TAMHSC
Category 1 - Infrastructure Development												
(1) Expand Behavioral Health Access	X	X	X	X	X	X	X	X	X	X	X	X
(2) Expand Primary Care Access	X	X	X	*	*	X	*	X	X		X	X
(3) Expand Specialty Care Access			X	X	*		X		X		X	
(4) Enhance HIE and HIT for Performance Improvement & Reporting Capacity			X			*			X	X		
(5) Implement and/or Expand Telehealth			X	X	X		X		X		X	
(6) Implement Disease or Care Management Registry						X						
(7) Develop Patient Centered Medical Home Model Infrastructure	X	X			*	X		*	X		X	
(8) Enhance Public Health Preventive Services				X		X	X	*				
(9) Improve or Expand Emergency Medical Services	X		X		X	X			X			
Category 2 - Program Innovation and Redesign												
(1) Reduce Potentially Preventable Admissions/Readmissions	*	X	*	*	X	X	*	X	*		X	
(2) Test Financing Mechanisms for Providers												
(3) Develop Innovations in Health Promotion/Disease Prevention	*	X	*	X	X	X	X	X	*			
(4) Develop Innovation for Provider Training & Capacity							*	X		X		X
(5) Enhance Behavioral Health Services	*	*	*	*	*	*	*	*	*	X	X	X
(6) Innovate in Telehealth			*	*	*		*		*		X	
(7) Innovate in Supportive Care	X	X	*						*		X	
(8) Reduce Inappropriate ED Use	*	X	*	*	*	X	*	X	*		X	
(9) Improve Patient Experience of Care		X				X						

X = Identified priority area

** = Area cross-covered by priority selection*

NOTE: *The RHP 17 Anchor Team will be facilitating meetings to explore the benefits to coordinating regional projects around the four priority areas below that were selected by six or more IGT entities. Meeting notices will be sent to all RHP members.*

- *Expand Behavioral Health Access*
- *Expand Primary Care Access*
- *Implement and/or Expand Telehealth*
- *Develop Innovations in Health Promotion/Disease Prevention*

DRAFT DSRIP MENU

*excluding proposed metrics

Category 1: Infrastructure Development	
Project Area 1: Expand Behavioral Health Access	
A	Implement technology-assisted services (telemedicine, telephonic guidance) to support or deliver behavioral health. Develop individual health management strategies to address personal and social barriers impeding access to services.
B	Provide an early intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e., the criminal justice system, ER, urgent care etc.).
C	Enhance service availability (i.e., hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
D	Collaborate with community partners to explore and develop a long-term Crisis Intervention/Stabilization unit.
E	Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., physicians, psychiatrists, psychologists LMSW, LRC, LMFT).
F	Expand residency training slots for psychiatrists, child psychiatrists, psychologists and mid-level behavioral health practitioners (LMSW, LPC, and LMFT).
Project Area 2: Expand Primary Care Access	
A	Enhance service availability (hours, clinic locations, urgent care, transportation, mobile clinics) to appropriate levels of care.
B	Develop a system for primary care provider recruitment and retention.
C	Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas (i.e., Nurse Practitioners, Physician Assistants, nurses, educators, etc.).
Project Area 3: Expand Specialty Care Access	
A	Enhance service availability (hours, clinic locations, transportation, and mobile clinics).
B	Implement facilitated referral programs and excellent communication between primary care and other health care consultants.
C	Develop and expand use of telehealth to increase access to care in fields consistent with CMS and Accreditation Standards.
D	Develop Workforce Enhancement Initiative(s) to Support Access to Providers in Underserved Markets and Areas.
Project Area 4: Enhance Health Information Exchange and Health Information Technology for Performance Improvement and Reporting Capacity	
A	Generate data reports to prioritize RHP decisions for quality improvement initiatives.
B	Capture race, ethnicity and language as self-reported.
C	Recruit and/or train staff to lead analyses (including data analytics, performance benchmarking, and implementation science) of population management and performance improvement methodologies.
D	Facilitate coordination of care by leveraging health information exchange.
E	Screen patients for health literacy using evidenced-base tool.
Project Area 5: Implement and/or Expand Telehealth	
A	Establish a telehealth program/network to provide additional health care services (i.e., home health, self-care, and translation services).
B	Use telehealth to deliver psychosocial and community-based nursing services to promote independence at home.

DRAFT DSRIP MENU

*excluding proposed metrics

Project Area 6: Implement Disease or Care Management Registry	
A	Create longitudinal registry databases of health care utilization and services for patients with common chronic diseases and/or ambulatory sensitive conditions.
B	Collaborate with health departments to develop a longitudinal database of epidemiological data.
C	Use/Maintain the ImmTrac, Texas Immunization Registry.
Project Area 7: Develop Patient Centered Medical Home Model Infrastructure	
A	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/community.
B	Promote education and training for providers and patients related to the Patient-Centered Medical Home model.
Project Area 8: Enhance Public Health Preventive Services	
A	Enhance service availability (hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
Project Area 9: Improve or Expand Emergency Medical Services	
A	Reduce the transfer time from ED to ED by ambulance to 2 hours or less. Reduce and eliminate the number of transfers by private vehicle from ED to ED.

Category 2: Program Innovation and Redesign	
Project Area 1: Reduce Potentially Preventable Admissions/ Readmissions (PPA/PPR)	
A	Implement an evidence-based care coordination model in a target population.
B	Implement post-discharge support for target population admitted to a hospital.
C	Implement programs that link patients with multiple hospitalizations in one year to home/non-hospital resources that will reduce demand for inpatient care.
Project Area 2: Test Financing Mechanisms for Providers	
A	Create patient-directed wellness pilot that includes incentives, such as health navigation with flexible wellness accounts.
Project Area 3: Develop Innovations in Health Promotion/ Disease Prevention	
A	Formalize relationships and referrals to community partners that have capacity to promote wellness and healthy behaviors.
B	Utilize community health workers (CHW) to expand access to health promotion and disease prevention behavior.
C	Establish self-management education programs in community settings including self-enrollment in the program and appropriate follow-up with a health care professional. Engage in wellness at non-medical locations using CHWs.
D	Engage in population-based campaigns or programs to promote healthy lifestyles using new media such as social media and text messaging in an identified targeted population.
E	Implement a program to increase early enrollment in prenatal care.
F	Implement evidenced-based strategies to reduce low birth weight and preterm birth.
G	Implement evidenced-based strategies to reduce tobacco use.
H	Implement evidence-based strategies to increase exclusive breast feeding.
I	Implement evidence-based strategies to increase screenings for targeted populations.
J	Implement prevalence testing for high risk diseases as determined by Public Health Authority.
Project Area 4: Develop Innovation for Provider Training and Capacity	
A	Implement an integrated multi-disciplinary care system to promote team-based care.
B	Develop chronic care multi-disciplinary training programs for nurses, pharmacists, social workers, registered dietitians and physicians.
Project Area 5: Enhance Behavioral Health Services	
A	Develop care management function that integrates the primary and behavioral health needs of individuals.
B	Co-locate primary and behavioral health care services.
C	Provide telephonic psychiatric and clinical guidance to all participating primary care providers delivering services to behavioral patients regionally
D	Establish post-discharge support for behavioral health/ substance abuse.
E	Recruit, train and support consumers of mental health services to be providers of behavioral health services as volunteers, paraprofessionals or professionals within the system.
Project Area 6: Innovate in Telehealth	
A	Leverage state government agencies, industry, and other organizations to offer online education to rural physician offices.
B	Provide psychosocial, clinical, and behavioral case management services to promote independence

	and patient self-management at home via telehealth delivered by case managers who are integrated into primary care practices.
Project Area 7: Innovate in Supportive Care	
A	Create a sustainable supportive care program to improve the quality of life of patients living with chronic or terminal conditions and to further engage care providers in the clinical benefits of supportive care.
B	Standardize supportive care -decision-making with evidence-based protocols and documented health records to ensure that patient preferences are discussed/recorded.
C	Partner with community-based organizations to address pain and other supportive care issues with patients.
Project Area 8: Reduce Inappropriate Emergency Department (ED) Use	
A	Establish ED care teams.
B	Reduce ED visits by identifying frequent users' needs.
C	Develop and implement triage protocol.
Project Area 9: Improve Patient Experience of Care	
A	Survey patients using CAHPS Patient-Centered Medical Home (PCMH) Item Set.
B	Survey patients using CAHPS Cultural Competence Item Set.

Category 3: Quality Improvements	
Project Area 1: Chronic Disease	
A	Congestive Heart Failure
B	Asthma
C	HIV
Project Area 2: Healthcare Acquired Conditions	
A	Surgical Site Infections (SSI)
B	MDROs/CDI
C	Facility-acquired pressure ulcers
Project Area 3: Perinatal Outcomes	
A	Birth trauma
B	Antenatal corticosteroid administration
C	Non-medically indicated delivery < 39 weeks
Project Area 4: Potentially Preventable Admissions/ Readmissions	
A	Potentially Preventable Admissions/ Readmissions
B	Behavioral Health - Potentially Preventable Admissions/ Readmissions
Project Area 5: Emergency Care	
A	Calculate baseline admit decision time to ED departure time for admitted patients.

Category 4: Population-based Improvements	
Project Area 1: At-risk Populations	
A	Congestive Heart Failure
B	Diabetes
Project Area 2: Preventive Health	
A	Immunizations
B	Diabetes
C	Smoking cessation
Project Area 3: Potentially Preventable Admissions/ Readmissions	
A	Behavioral health & substance abuse
B	COPD
C	Diabetes
D	All-cause
E	Stroke
F	Congestive Heart Failure
Project Area 4: Patient-Centered Health Care	
A	Patient satisfaction
B	Medication management
Project Area 5: Cost Utilization	
A	Outpatient imaging
Project Area 6: Emergency Department	
A	Admit decision time to ED departure time

DSRIP Project Proposal Form
Regional Health Partnership 17

Instructions: For each proposed project, the provider organization should complete one form. Please include a response for each section, leaving nothing blank. More complete information will assist the IGT entities in understanding what is proposed and what funds are being requested.

PROPOSAL DEADLINE: DSRIP Project Proposal Forms are due by Friday, June 29, 2012 at 5:00 p.m. via email to Shayna Spurlin at spurlin@tamhsc.edu.

DSRIP CATEGORY INFORMATION

☐ Category 1: Infrastructure Development
☐ Category 2: Program Innovation and Re-design
☐ Category 3: Quality Improvements
☐ Category 4: Population-based Improvements

Project Area # ___
Project Letter: ___

DESCRIPTIVE TITLE OF PROJECT:

_____

COUNTIES SERVED BY PROPOSED PROJECT:

☐ Brazos
☐ Burleson
☐ Grimes
☐ Leon
☐ Madison
☐ Montgomery
☐ Robertson
☐ Walker
☐ Washington

PERFORMING PROVIDER (must be an eligible recipient of draw down funds):

_____

OTHER PARTICIPATING PROVIDERS (if not applicable, answer N/A):

_____

GOAL OF PROPOSED PROJECT:

_____
_____
_____
_____

EXPECTED OUTCOME(S) OF PROPOSED PROJECT:

_____
_____
_____
_____

BRIEF DESCRIPTION OF PROPOSED PROJECT (use only the space allotted):

ANTICIPATED CHALLENGES:

_____
_____
_____
_____
_____
_____
_____
_____

ESTIMATED PROJECT VALUATION BY WAIVER YEAR:

Year 1 (2011-2012): $_____
Year 2 (2012-2013): $_____
Year 3 (2013-2014): $_____
Year 4 (2014-2015): $_____
Year 5 (2015-2016): $_____

NOTE: If your proposed project is ultimately included in the regional plan, you will be required to also provide baseline data and work with the anchor to determine appropriate metrics and milestones for each year of the plan. Details initially included in this proposal may be revised as the final plan is being negotiated.