

Region 17

Regional Healthcare Partnership

Planning Meetings on Common Regional Priority Areas

Held at the Brazos Valley Council of Governments • 3991 E. 29th Street • Bryan, Texas

Tuesday, June 19, 2012

Primary Care	8:30 a.m. to 10:00 a.m.
Health Promotion and Disease Prevention	10:15 a.m. to 11:45 a.m.
Telehealth	1:00 p.m. to 2:30 p.m.
Behavioral Health	2:45 p.m. to 4:15 p.m.

AGENDA

- I. Welcome & Introductions**

- II. Focus of Meeting**

- III. Review of RHP 17 DSRIP Projects of Interest**

- IV. Discussion on Potential Areas for Project Collaboration**

- V. Next Steps**

- VI. Adjourn**

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



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

DSRIP Projects of Interest As Discussed in RHP 17 Community Meetings

Category 1: Infrastructure Development	
<i>Project Area 1: Expand Behavioral Health Access</i>	
A	Implement technology-assisted services (telemedicine, telephonic guidance) to support or deliver behavioral health.
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.
F	Expand residency training slots for psychiatrists, child psychiatrists, psychologists and mid-level behavioral health practitioners (LMSW, LPC, and LMFT).
<i>Project Area 2: Expand Primary Care Access</i>	
A	Enhance service availability (hours, clinic locations, urgent care, transportation, mobile clinics) to appropriate levels of care.
<i>Project Area 3: Expand Specialty Care Access</i>	
A	Enhance service availability (hours, clinic locations, transportation, and mobile clinics).
C	Develop and expand use of telehealth to increase access to care in fields consistent with CMS and Accreditation Standards.
<i>Project Area 5: Implement and/or Expand Telehealth</i>	
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.
<i>Project Area 6: Implement Disease or Care Management Registry</i>	
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.
<i>Project Area 7: Develop Patient Centered Medical Home Model Infrastructure</i>	
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.
<i>Project Area 8: Enhance Public Health Preventive Services</i>	
A	Enhance service availability (hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
<i>Project Area 9: Improve or Expand Emergency Medical Services</i>	
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 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.
- I** Implement evidence-based strategies to increase screenings for targeted populations.

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.

Project Area 6: Innovate in Telehealth

- 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.
- 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.