# Section IV. Stakeholder Engagement

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## RHP Participants Engagement

RHP 17 has engendered broad stakeholder engagement from the beginning of the process through the rapid dissemination of information, use of a variety of media for communication, and through public meetings. As new information became available from HHSC, the anchor team focused on interpreting those materials and putting accessible, meaningful information in the hands of stakeholders in our region as quickly as possible—typically the same day or the following day. To reach as many people as possible, RHP 17 established a website in May 2012, <http://www.tamhsc.edu/1115-waiver/rhp17.html>, that is updated frequently, sometimes daily, with new information, as well as a master email list consisting of anyone who has indicated an interest in receiving RHP updates (whether participating or not). The first list consisted of contact information compiled for every eligible IGT entity and performing provider in the region, and additional representatives and stakeholders were added from there. Finally, throughout the process, RHP 17 has met in public meetings, (face-to-face and via conference call), that were posted on the website in advance and information disseminated through the listserv; when appropriate, these meetings were also posted by public entities participating (i.e., counties).

### Organization of RHP 17

In HHSC’s initial regional healthcare partnership map, seven of the current RHP 17 counties were included in a 30-county region, (then referred to as Region 8), covering much of rural Central Texas. Early conversations between the stakeholders in the 30-county region resulted in a consensus to split the region into “8 East” and “8 West,” dividing the 16 western counties from those six rural counties surrounding Brazos County, which ultimately became RHP 17. The Texas A&M Health Science Center and the Brazos Valley Council of Governments co-hosted an informational meeting about the 1115 Waiver in Bryan on February 28, 2012. Invitees included hospital representatives, the local mental health authority, the local health department, county judges and commissioners, hospital district representatives, physicians, Texas Department of State Health Services representatives, Texas A&M Health Science Center faculty from the College of Medicine and its Department of Psychiatry, Texas A&M Physicians group members, the School of Rural Public Health, the Texas A&M Department of Educational Psychology. Meeting attendees agreed to move forward with developing a regional healthcare partnership (RHP) and asked that the Texas A&M Health Science serve as the anchor of the RHP.

With support from the Brazos Valley Council of Governments Board and administration, RHP 17 was the first RHP to officially form in the State of Texas on March 14, 2012. Each county commissioners’ court in the region passed a resolution to establish the RHP and each county judge signed a joint letter to the HHSC commissioner stating their intent to organize a regional health partnership designating Texas A&M Health Science Center as the anchor. Soon after the formation of RHP 17, Montgomery County and Walker County stakeholders opted in as members of RHP 17 as well.

### RHP Engagement throughout the Four-Year Planning Process

Once the regional boundaries were finalized, the partnership met to develop an informal leadership group and discuss operational processes. The Brazos County judge agreed to chair the partnership with assistance from the Executive Director of the Montgomery County Hospital District. The anchor team would be responsible for developing meeting agendas and related materials, for notification of meetings, communication of RHP activities, and providing the RHP updates on waiver-related activities at the state level. The full RHP met on monthly basis, often two to three times a month, through mid-August at which point the RHP asked that the anchor focus their efforts on providing technical assistance to the performing providers and completing the RHP Plan.

In addition to the RHP meetings, public community planning meetings were held in each county of the RHP in late May and early June. The purpose of these meetings was to provide an overview of the waiver, review community health status and needs data, and to determine community priorities related to the selection of DSRIP projects. These meetings are described more fully in the “Public Engagement” section below.

On June 7th, the anchor facilitated an RHP meeting in which the regional priorities gathered from the individual county meetings were presented to the RHP members. With the regional priorities set, performing providers then had the direction they needed to determine which projects to pursue developing based upon potential community and IGT support. This led to a June 19th RHP meeting in which performing providers presented their project concepts so that IGT entities could begin to determine which projects they would support. The project concept papers were posted to the RHP 17 website. Over the next couple of months, performing providers met independently with IGT entities to secure IGT commitment for DSRIP projects. The last full RHP meeting held in person prior to the final adoption, certification, and signing of the plan was on August 15th. This meeting focused on the remaining tasks of the performing providers, the IGT entities, and the anchor. From that meeting forward, the anchor and performing providers continued to work on the plan and the DSRIP projects which had garnered IGT support. During this time, the anchor communicated with the RHP via email and phone and continually updated the waiver website with information on current waiver activities.

From mid-August forward, the RHP anchor communicated with the RHP through a minimum of biweekly emails, culminating with the completed RHP plan being distributed for RHP review and public comment and review on November 7, 2012. Throughout the months of September and October, performing providers continued to develop their DSRIP proposals, adapting their narratives as new RHP Planning Protocol updates became available. The anchor team provided ongoing technical assistance to performing providers through formal and informal conference calls and face-to face meetings with individual providers while also communicating process and timeline updates to all performing providers via emails and the RHP 17 website.

On November 14, 2012, the RHP held a public meeting at the Brazos Valley Council of Governments to review, sign, and certify the final RHP 17 Plan prior to submitting the plan to HHSC on November 16, 2012.

### RHP Engagement throughout the Three-Year Project Planning Process

The RHP 17 Anchor Team reviewed the process and proposed rules for adding new three-year projects for DY3 implementation, along with project planning timelines, and disseminated this information, along with updates to regional stakeholders, to facilitate the planning process in accordance with the guidelines and instruction set forth by HHSC and CMS. All HHSC communications related to three-year planning and proposals were shared with the region. Additionally, regional meetings were held along with calls facilitated and individual technical assistance meetings provided by the Anchor Team to interested stakeholders as requested. As HHSC extended deadlines or provided updates related to three-year project planning, the Anchor Team modified the RHP 17 timelines for participating stakeholders and provided updates as appropriate. We reached out again to County Medical Societies, both President and President-elects, using updated 2013 information from the Texas Medical Association to encourage participation in regional activities and remind physician groups of the opportunities to secure IGT funding and participate in this final opportunity to submit DSRIP projects during the current 1115 waiver period.

A proposal submission and scoring process were developed in accordance with the guidelines set forth by HHSC. The proposed processes for submitting proposals, scoring submissions, and the requirements and directives related to prioritizing projects were all reviewed with and approved by consensus within the region via these face-to-face regional meetings, regional calls, and written regional communication.

The RHP 17 Anchor Team adopted the approach used by Region 1 in the initial plan submission process that was recommended and provided as a sample by HHSC and CMS. The Region 1 scoring model was based on a modified NIH grant scoring tool in which any proposed new three-year projects were scored on a scale of 1-9 based on five weighted domains: alignment with community needs (30%), transformational impact (25%), integration with other projects or partners (20%), likelihood of success (12.5%) and sustainability (12.5%). During an RHP 17 regional meeting, the information HHSC released on the proposed rule for adding new DY3 projects was reviewed, the timelines for accepting proposals and putting together the prioritized list outlined, and the proposed scoring process discussed, and as mentioned above, approved by consensus. The Anchor Team created a proposal form similar to the one used during the initial plan development process for providers to begin development of new three-year projects, while identifying pertinent information to include estimated valuation and needed IGT along with estimated QPI data, to assist regional stakeholders in understanding community needs being met by proposed projects and to also help in securing IGT funding for projects. These proposal forms were reviewed in detail and made available via our website, along with other documents necessary for planning to include community needs tables from the plan, the HHSC proposed rule, revised RHP protocols, recommended QPI metrics for each project option, etc.

To complete scoring, RHP 17 worked in conjunction with RHP 8 to obtain volunteer scorers in each region who agreed to score the other region’s proposed three-year projects in an effort to ensure independent and unbiased review. A joint call was held between RHP 8 and RHP 17 volunteer scorers to review the process, go over the forms, and answer questions. Volunteers received the proposals and a score sheet and were given a week to return the scored proposals. An aggregate score was calculated for each proposal and the total score along with any reviewer comments were sent to each RHP 17 provider who submitted a proposal. The aggregate score was held in consideration along with whether or not a project had confirmed IGT, the identity of the IGT entity, and confirmation of community needs being met by the project as the means of determining the RHP 17 Prioritized Projects List and the priority order of the proposals submitted. Copies of the proposals and the scores were sent to the region, along with the prioritized project list for review prior to a public meeting held for regional approval of the new three-year projects for RHP 17.

Once the RHP 17 prioritized list was submitted by the region at the end of October 2013, the RHP 17 Anchor Team immediately began working in close collaboration with performing providers who had submitted new three-year projects on full project development. Technical assistance and support have been ongoing for participating providers and IGT entities throughout the fall, with final narratives and completed milestone/metric workbooks for all projects due mid-December to the RHP 17 Anchor Team for final three-year plan modification and submission to HHSC in late December 2013.

### RHP Engagement Beyond Plan Submission

Once the initial four-year RHP plan had been submitted, the RHP held a debriefing meeting in early December 2012 to discuss how to improve upon the planning process for DY3, establish the preferred meeting schedule of key stakeholders in the region, and develop a timeline for the DY3 planning process. The region anticipated adding new projects for DY3 as allowed by the Program Funding and Mechanics Protocol. Certain IGT entities and providers in the region had elected to wait until DY3 to further explore project participation and development for a variety of reasons, and as planning progressed and information from HHSC was made available, the anchor ensured that those IGT entities and providers had the opportunity to participate in the planning process for DY3. At the direction of the RHP leadership, the anchor organized additional planning meetings specific to the DY3 plan in addition to the regular communication of the RHP.

As with the original submission, once the three-year plan modification was formally submitted to HHSC, the RHP held a debriefing meeting in early 2014 to review HHSC feedback on new three-year projects. Any necessary revisions to three-year projects were addressed and a timeline developed to complete the required modifications, as well as advance provider implementation of the submitted three-year projects and further progress continued implementation of four-year projects. The RHP continued to diligently work to share information, review progress, and address any issues that have arisen with the three-year projects as well as with existing projects as full plan approval and modification has continued throughout DY3 into DY4.

The Anchor Team continues to update the regional website, coordinate meetings at the regional level, as well as at the individual stakeholder level as warranted, and uses a region-wide distribution list to disseminate information between meetings.

As has been the case throughout plan development and implementation, the Anchor Team will continue to provide less formal means of technical assistance daily to all waiver stakeholders and participants in RHP 17 via phone or email as needed. An additional means of continued engagement beyond plan submission is the implementation of an opportunity for all interested stakeholders to participate in RHP 17 learning collaborative activities as outlined below.

### RHP 17 Learning Collaborative Plan and Activities

RHP 17 continues to work toward robust development of regional learning collaborative activities within the limitations of our smaller, more rural, Tier 4 region. The anchor and key stakeholders partner to institute regional activities to help facilitate collaborative learning and encourage more collaborative engagement and sharing by all RHP 17 stakeholders. The region began holding monthly learning collaborative calls in June 2014, with calls held the second Thursday of every month from 10-11 a.m. Following a standard format, each call focuses on an area related to quality improvement or other items of interested expressed by providers. A brief presentation by the anchor team or a volunteer innovator agents (often providers) shares experiences relevant to that month’s topic, and then the floor is opened for discussion among all participants. Topics have included PDSA cycles, an RHP 17 Project overview (get-to-know-your collaborators), Root Cause Analysis, and FMEA and Cause-Mapping among others.

Since July 2014, the RHP 17 Anchor Team has been sending out a monthly newsletter to the region that that spotlights work in the region, celebrates success, shares upcoming event information, and details an area of focus that may be of interest to regional stakeholders. Based on feedback, in March 2015, the region switched to a bimonthly schedule for the newsletter. A learning collaborative discussion group via Google Groups ™ is also available for all interested stakeholders, who are routinely encouraged to join and participate. Stakeholders can post topics or questions to the group, and the Anchor Team also shares identified self-learning opportunities (e.g., free webinars, etc.) with group members.

Furthermore, peer-to-peer learning opportunities with other regions are shared with regional providers and discussion group members. In partnership with our sister region, RHP 8 (also anchored by the Texas A&M Health Science Center), we may offer joint events such as lunch and learn presentations or meetings, as well as participation to providers in both regions for monthly calls and cohort groups. Several RHP 17 Providers, as well as the RHP 17 Anchor Team, attend and participate in face-to-face events hosted by Region 3 in Houston. The larger RHP 3 has a broader provider base and infrastructure, and we encourage providers to participate in RHP 3 as the regions share some patient flow between North Harris (RHP 3) and Montgomery (RHP 17) counties. Additionally, information shared with us by other Anchors across the state is forwarded on to providers to allow them to participate in larger urban areas and seek out collaborative opportunities among providers with similar projects as desired.

In addition to these ongoing activities, RHP 17 plans to hold two semiannual face-to-face events each demonstration year. Events are generally half-day and include keynote presentations, poster presentations to spotlight regional projects, opportunities for networking, and “raise the floor” initiative cards for participants to commit to participating in regional activities and collaboration. Cards and event surveys are collected to help identify areas of interest for future learning collaborative events, to gauge cohort group interest and topics for Region 17 and interest in cohort group involvement in RHP 3 and RHP 8.

## Public Engagement

### Public Meetings

As noted in the “RHP Participants Engagement” section above, a public informational meeting about the 1115 Waiver was held on February 28, 2012 at the Brazos Valley Council of Governments. Co-hosted by the Texas A&M Health Science Center and the Brazos Valley Council of Governments, this meeting offered an overview of the waiver and the opportunity for a wide variety of community stakeholders to come together to discuss the formation of a regional health care partnership. Meeting attendees agreed to move forward with developing a regional healthcare partnership (RHP) and asked that the Texas A&M Health Science Center serve as the anchor of the RHP. As a result of this meeting, each county discussed joining the regional healthcare partnership in a public commissioners’ court meeting and passed resolutions documenting their intent to join RHP 17 and indicating their selection of the Texas A&M Health Science Center as the RHP 17 anchor.

After the RHP officially organized the anchor and the Brazos Valley Council of Governments facilitated community planning meetings that provided an overview of the waiver, a review of community health status and needs data, and a forum to determine community priorities related to the selection of DSRIP projects. Most of these meetings were formally posted at the respective county courthouse, and the meeting schedule was forwarded via the RHP listserv to all RHP participants. These meetings were attended by local elected officials, health care providers, community organizations, supportive health and social services organizations, and other key community leaders. In these meetings, the anchor team reviewed assessment data from recent community health assessments as well as other secondary data that was gathered from the U.S. Census Bureau, the Department of State Health Services, the Robert Wood Johnson Foundation County Health Rankings, and other sources, as posted on the RHP 17 website, <http://www.tamhsc.edu/1115-waiver/rhp17.html>. Then, the anchor team facilitated a discussion with attendees asking them to rank the highest priority community concerns. Following the priority ranking of community needs, the anchor team reviewed the current version of the DSRIP menu and asked meeting participants to rank interest in projects related to community need and based upon what they were willing to support locally. All meeting materials were posted to the RHP 17 website. All meeting attendees were notified of the RHP listserv and the opportunity to be added the listserv in order to receive meeting notices as well as updates on RHP 17 and state waiver activities. Additionally, the RHP website link was posted on all county planning agendas and announced during each community meeting as a timely informational resource for community members.

We continued this open engagement throughout the three-year planning and prioritization process as well, also having providers and other key stakeholders participate in the submission and review of proposed new projects that would address updated community needs, community priorities, and health status data. Updated need and assessment data was shared for the region as part of this process, and a public meeting was held on October 16, 2013 in the Executive Conference Room of the Texas A&M University Health Science Center headquarters in Bryan. At this meeting, attendees were invited to review and approve the RHP 17 Three-Year Project Prioritized List. Regional stakeholders were able to participate telephonically or via in-person participation.

During this meeting, a recap of the three-year project proposals submitted, the scoring process and criteria used, and the guidelines by which each project was assigned a priority ranking were outlined. The final RHP 17 priority list was then reviewed in detail and the floor open for discussion and comment by all stakeholders.

All subsequent meetings of the RHP as well as the agenda were posted prior to each meeting with related meeting materials posted to the website immediately following each meeting. Each RHP meeting was open to the public to attend, and most meetings were held at the Brazos Valley Council of Governments in Bryan or at the Texas A&M Health Science Center in Bryan.

When requested throughout the entire planning process, anchor team representatives attended public Commissioners’ Court sessions to answer questions and provide feedback regarding the waiver. These sessions were posted on Commissioners’ Court agendas and on the web and thus, open to the public. County Judges and Commissioners often had questions and concerns regarding the effects the waiver may have on their County. TAMHSC provided the latest information available at the time of the meeting.

Additionally, regional information and updates are provided to key stakeholders within the region, as well as other interested stakeholders across the state whenever requested. The Anchor Team has routinely presented updated on waiver activities within RHP 17 as part of Medicaid Regional Advisory Committee meetings, and the RHP has both “RHP 17 Waiver FAQ” and “RHP 17 Quick Facts” resources available to the public on the RHP website along with the RHP 17 Plan and regional event information. We are also working with stakeholders and community partners interested in acting as host, so that regional meetings can be taken out into the community and throughout the region at various times to continue to encourage participation and foster engagement.

### Public Comment on RHP Plan

Once the original four-year RHP Plan was drafted, it was posted for public comment between November 7th and November 12th. To ensure broad notification of the availability of the plan for public comment, each county posted a notice through their existing mechanisms (i.e., website and paper posting at the courthouse). Others entities were given a copy of the posting in case they also had public notice mechanisms they regularly used and the anchor issued a media advisory in case any local media outlets wanted to pick up the story. The notice of availability of the plan for public comment indicated the URL where the plan could be found, as well as how to submit public comments; a public comment form was also posted on the website and could be submitted electronically or by mail. Because of the size of the document, it was primarily available electronically on the RHP 17 website for review but could be requested in hard copy if needed.

A similar process was followed for public comments related to the three-year RHP plan modification. Following the public meeting held on October 16, 2013, the prioritized list and proposals, previously shared with the region at large, were left open for interested stakeholders to submit comment/concerns prior to formal submission to HHSC. Comments were encouraged to be submitted via email communication and were open until the week of October 28th when the list was due to HHSC. No public comments were received, and the finalized list was submitted to HHSC by the RHP 17 Anchor Team on October 31, 2013. Additionally, the formal three-year plan modification – in which three new three-year DSRIP projects were added for the region – the plan was made available to the region at large for review and comment prior to submission on December 20, 2013. Again, no public comments were received and no public concerns were raised. Both final plan documents remain publically available on the RHP 17 website. The region also has a feature available on every page of the website that allows visitors to submit an inquiry to request copies of meeting materials, ask questions, and join the regional distribution list and discussion group.

| **Summary of RHP 17 Regional and Public 1115 Waiver Communication** |
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| **Date** | **Description of Meeting/Communication with RHP 17** | **Type** |
| 2/28/12 | Waiver Informational Meeting | Public |
| 3/14/12 | RHP Organizational Meeting – Formation of RHP 17  | Public |
| 4/18/12 | RHP Meeting – Discussion on organization governance/operational processes | RHP |
| 5/3/12 | RHP Plan Orientation Meeting – Overview of RHP Plan Components/DSRIP Project Areas (2 meetings – one held in the morning and the other in the afternoon.) | RHP |
| 5/22/12 | Walker County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 5/22/12 | Washington County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 5/23/12 | Burleson County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 5/23/12 | Grimes County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 5/29/12 | Meeting with Texas A&M Physicians, Overview of RHP Plan/DSRIP Project Areas | RHP Providers |
| 5/29/12 | Montgomery County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 5/30/12 | Brazos County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 6/04/12 | Madison County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 6/04/12 | Leon County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 6/05/12 | Robertson County Planning Meeting – Review of assessment data, determination of community priorities to be addressed by waiver projects | Public |
| 6/07/12 | Review of Regional Priorities for DSRIP Projects/Overview of DSRIP Proposal Process | RHP |
| 6/19/12 | Discussion on Developing Projects for Common Community Priority Areas including Primary Care, Health Promotion and Disease Prevention, Telehealth, and Behavioral Health | RHP |
| 6/22/12 | Meeting with potential new mental health provider to discuss waiver | RHP |
| 7/11/12 | Performing Provider Proposal Presentations to IGT Providers  | Public |
| 7/20/12 | Provider Meeting – Update on all Waiver related protocols, securing IGT, HHSC Planning Conference, and RHP 17 Timeline | RHP Providers |
| 7/27/12 | County IGT Meetings – Update on all Waiver related protocols, securing IGT, HHSC Planning Conference, RHP 17 Timeline, and project development status. | IGT Entities |
| 7/27/12 | Provider Meeting – Discussion on merging similar proposals or revising similar proposals so that they address unique target populations | RHP Providers |
| 8/15/12 | RHP Update Meeting – HHSC Planning Summit highlights, revised RHP 17 timeline and tasks, and affiliations agreements  | RHP |
| 9/19/12 | Provider Meeting – Updates from HHSC Anchor Call; Q&A on Final PFM, Review latest version of planning protocol and RHP plan template | RHP Providers |
| 9/28/12 | Provider Conference Call – Overview of Electronic Workbooks, final RHP Planning Protocol, and final timeline for project narrative submission and review | RHP Providers |
| 10/1/12-11/12/12 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance | RHP Providers |
| 11/7/12-11/12/12 | RHP Plan sent out for public review and comment | Public |
| 11/14/12 | Public RHP 17 meeting held to review, sign, and certify final RHP 17 Plan | Full RHP/Public |
| 12/12/12 | RHP Provider Meeting & Call (Additional Info Request – Summaries) | RHP Providers |
| 1/2/2013 | RHP 17 Conference Call – HHSC Plan Feedback (Common Project Problems) | RHP |
| 1/22-1/24/13 | Revised RHP 17 Plan shared with Region prior to 1/25/13 submission to HHSC | RHP |
| 3/5/13 | RHP 17 Regional Meeting | RHP |
| 4/25/13 | RHP 17 DY2 Reporting Meeting (Selection of April or June period) | RHP |
| 4/04/13- 6/04/13 | Anchor/HHSC/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for Phase 1 revisions | RHP Providers  |
| 6/05/13 | RHP 17 Regional Meeting  | RHP |
| 6/03 – 6/12/13 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for Phase 3 (provider submission to HHSC) | RHP Providers |
| 6/24 – 7/03/13 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for Phase 3 revisions (Anchor submission to HHSC) | RHP Providers |
| 7/09-7/20/13 | Anchor/Individual Provider Conference Calls & Mtgs to Provide Technical Assistance for Phase 2 QPI | RHP Providers  |
| 9/05/13 | RHP 17 Regional Meeting & Post-Award Implementation Forum  | Public |
| 9/01- 9/11/13 | Conference Calls & Mtgs to address reporting summaries/feedback/IGT support & Phase 3B (Oct) revisions  | RHP IGT Entities & Providers  |
| 9/05-9/26/13 | RHP 17 Learning Collaborative discussed regionally, survey completed, plan design approved regionally | RHP  |
| 9/12/13 | TAMHSC-SPH Center for Community Health Development’s 2013 RHP 17 Regional Health Summit | RHP  |
| 9/17-9/26/13 | New Three-Year Project proposal submissions regionally disseminated & scoring process completed in conjunction with RHP 8 through volunteer scorers  | RHP  |
| 10/01/13 | Approved RHP 17 Learning Collaborative Plan submitted to HHSC  | RHP |
| 10/03/13  | Scores for RHP 17 three-year project proposals received from RHP 18 volunteer scorers and prioritized list drafted | RHP  |
| 10/16/13-10/28/13 | RHP 17 Meeting to review three-year project proposal scores & Prioritized Project List open for public comment  | Public  |
| 10/14/13 | RHP 17 Regional Communication – Update to Stakeholders  | RHP |
| 10/31/13 | Final Prioritized Three-Year Project List submitted to HHSC | RHP |
| 11/01 – 12/16/13 | Anchor/Individual Provider Conference Calls & Mtgs to Provide Technical Assistance for Three-Year Project development and submission | RHP Providers |
| 11/06/13-11/27/13 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for Phase 4 Revisions and Modifications  | RHP Providers |
| 11/12/13 | RHP 17 Provider Meeting – Phase 4 review and technical assistance  | RHP Providers |
| 12/06/13 | RHP 17 Phase 4 Revisions submitted to HHSC  | RHP |
| 12/09/13 | RHP 17 Regional Communication – Update to Stakeholders  | RHP  |
| 12/15/13 | RHP 17 DY2 Annual Report submitted to HHSC  | RHP |
| 12/20/13 | Submission of RHP Three-Year Plan Modification to HHSC | RHP  |
| 1/13/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 1/27/14-2/4/14 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for HHSC feedback on Phase 4 Revisions | RHP Providers |
| 1/30/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 2/5/14 | Updated RHP 17 DSRIP Spotlight Projects sent to HHSC | RHP |
| 2/7/14 | RHP 17 Phase 4 Response to HHSC Feedback and Updated Section I information submitted to HHSC | RHP  |
| 2/10/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 2/14/14-2/26/14 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for Feedback on Three-year Projects | RHP Providers |
| 2/21/14-3/09/14 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for New Category 3 Selection Tools  | RHP Providers |
| 2/24/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 2/28/14 | RHP 17 Three-year Project Revisions submitted to HHSC  | RHP |
| 3/10/14 | Completed Category 3 Selection Tools sent to HHSC by Providers Reporting in April | RHP Providers |
| 3/24/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 3/27/14 | RHP 17 DY3 Learning Collaborative Kick-off Event (face-to-face) – Texas A&M Health Science Center  | RHP |
| 4/14/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 4/28/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 5/19/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 5/22/14 | RHP 17 received CMS approval of new 3-year projects | RHP |
| 6/2/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 6/12/14 | RHP 17 Monthly Learning Collaborative Call – PDSA Cycles | RHP |
| 6/16/14 | RHP 17 Regional Communication – Update to Stakeholders  | RHP |
| 6/30/14 | RHP 17 Regional Communication – Update to Stakeholders  | RHP |
| 7/1/14 | Joint Lunch & Learn Presentation (RHP 8 & RHP 17): Six Sigma | RHP Providers |
| 7/10/14-8/05/14 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for DY4-5 Change Requests (Plan Mods & Technical Changes) | RHP Providers |
| 7/10/14 | RHP 17 Monthly Learning Collaborative Call – Collaborator Project Roundtable  | RHP |
| 7/17/14-7/31/14 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for Category 3 Feedback from HHSC  | RHP Providers |
| 7/28/14  | RHP 17 Medicaid/Low-Income Uninsured Percent Summary submitted to HHSC  | RHP Providers |
| 8/1/14 | Updated Section 1 information submitted to HHSC  | RHP |
| 8/1/14 | RHP 17 Category 3 Responses to HHSC feedback submitted by Providers to HHSC  | RHP Providers |
| 8/8/14 | RHP 17 DY4-5 Change Requests submitted to HHSC  | RHP |
| 8/11/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 8/12/14 | Second DY3 RHP 17 Learning Collaborative Event (face-to-face) – Annenberg Conference Center | RHP |
| 8/14/14 | RHP 17 Monthly Learning Collaborative Call – Root-Cause Analysis  | RHP |
| 9/05/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 9/9/14 – 9/10/14 | RHP 17 participated in HHSC’s Statewide Learning Collaborative Summit in Austin  | RHP Providers |
| 9/18/14 | RHP 17 Monthly Learning Collaborative Call – FMEA and Cause Mapping | RHP |
| 10/09/14 | RHP 17 Monthly Learning Collaborative Call – Protected Health Information | RHP |
| 10/13/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 11/05/14 | October DY3 Reporting submitted to HHSC via Cooper Online System | RHP Providers |
| 11/13/14 | RHP 17 Monthly Learning Collaborative Call – Project Communication Plans  | RHP  |
| 11/19/14-12/05/14 | Anchor/Individual Provider Conference Calls and Meetings to Provide Technical Assistance for DY4-5 Change Request Feedback  | RHP Providers |
| 11/20/14 | RHP 17 Midpoint Assessment Anchor Entrance Conference  | Anchor  |
| 11/26/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 11/20/14- 12/19/14 | Ongoing Midpoint Assessment of RHP 17 conducted by Myers & Stauffer | RHP |
| 12/04/14 | RHP 17 Cohort Group Initial Kick-off Meetings | RHP  |
| 12/09/14 | RHP 17 Response to Feedback on DY4-5 Change Requests submitted to HHSC | RHP  |
| 12/15/14 | RHP 17 DY3 Annual Report submitted to HHSC  | RHP |
| 12/18/14 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 1/08/15 | RHP 17 Monthly Learning Collaborative Call – Project Management Software/Tools | RHP Providers |
| 1/09/15 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 01/16/15 | Responses to October DY3 Reporting Feedback submitted by Providers via Cooper Online System | RHP Providers |
| 2/11/15 | RHP 17 Monthly Learning Collaborative Call – Collaborating with Community Partners (Project Unity)  | RHP |
| 2/12/15 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 2/25/15 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 3/12/15 | RHP 17 Monthly Learning Collaborative Call – Cybersecurity in Health Care  | RHP Providers |
| 3/12/15 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 3/25/15 | RHP 17 DY4 First Semi-Annual Learning Collaborative Event (face-to-face) – The Cannery/Faith Mission in Brenham, TX | RHP |
| 4/9/15 | RHP 17 Monthly Learning Collaborative Call – Making the Case for Evidence-Based and Promising Practices | RHP |
| 4/15/15 | RHP 17 Regional Meeting  | RHP |
| 5/4/15 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 5/12/15 | RHP 17 Regional Communication – Update to Stakeholders | RHP |
| 5/14/15 | RHP 17 Monthly Learning Collaborative Call – Practical Application of Health Informatics  | RHP |