**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

**Tuesday, January 7, 2014 • 9:00 a.m. – 10:00 a.m.**

Phone Number: 877-931-8150 **•** Participant Passcode: 1624814

**ATTENDANCE**

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| **Organization** | **Name** |  | **Organization** | **Name** |
| Bell County Public Health District | Bonnie Scurzi | Seton Highland Lakes | Carol Saucedo |
| Renee Stewart | Shelly Szucs |
| Bluebonnet Trails | Karen Doyer | Chrissy Calvert |
| Vicky Hall | Denise Watson |
| Melinda Gilee | St. David’s Round Rock Medical Center | Rachel Gilbert |
| Center for Life | Kim Glenn | Williamson County and Cities Health District | Mary Faith Sterk |
| Central Counties Service | Eldon Tietje | Lisa Morse |
| Ray Helmcamp | Dina Cavazos |
| Steve Slaughter | Melissa Cammack |
| Hill Country MHMR | N/A |  |  |
| Little River Healthcare | N/A | RHP 8 Program Director | Jennifer Bienski |
| Scott & White -Llano | Bill Galinsky | RHP 8 Program Assistant | Gina Lawson |
| Scott & White –Memorial | Bill Galinsky |  |  |

**AGENDA**

*Purpose of Meeting: RHP 8 Providers will promote collaborative learning around shared or similar projects. Participation may include: 1) sharing challenges and any solutions; 2) sharing results and quantitative progress on new improvements that the Provider is testing; and 3) identifying a new improvement and publicly commit to testing it in the week to come.*

1. **Welcome and Introductions**
   1. Jennifer facilitated call
   2. Roll call taken
   3. Welcomed participants and new RHP8 Program Assistant, Gina Lawson
   4. Please copy Gina at [glawson@tamhsc.edu](mailto:glawson@tamhsc.edu) on any RHP 8 correspondence
   5. Meeting minutes will be sent following the call
2. **Updates from HHSC**
   1. October DY2 Reporting Review Process
      1. IGT Payments were due to TexNet by IGT Entities on January 6 with a Settlement date: January 7
         1. Providers should expect payment January 27 (tentative)
      2. One-on-one calls have been scheduled with Providers who were asked to supply more information to HHSC re: October reports and ‘achieved’ metrics
         1. If additional information was requested by HHSC, it is due from Providers to Deloitte no later than January 17 to [DY2DSRIP@deloitte.com](mailto:DY2DSRIP@deloitte.com) (please copy the Anchor team on submissions to Deloitte)
         2. Only providers that have requests for more information per the coversheet tab (reflected in the "Need More Info", "Carry-forward: Need More Info", "HHSC Comments," and "Provider Summary Status" columns on the coversheet) should return workbooks
         3. HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on October reported milestone/metric achievements on January 24 (tentative)
         4. Contact the Anchor Team if you have any questions
   2. Phase 4 Submission
      1. Anchor sent submission packet to HHSC on December 4 to meet December 6 due date
      2. HHSC plans to send feedback to Providers sometime in mid-January (date, TBD)
   3. New, 3 Year Projects
      1. RHP 8 had a total of 4 new projects submitted from three Providers:
         1. Existing providers: Central Counties and WCCHD
         2. New provider: Seton Medical Center - Harker Heights
      2. Anchor sent new, 3 year project plan to HHSC on December 19 to meet December 20 due date
   4. DY 4-5 Valuation
      1. Affects one Provider in RHP 8
         1. The coversheet is due to Anchor by 5pm, January 7
         2. Anchor to submit to HHSC by January 10
   5. Anchor Annual Report
      1. Anchor sent to HHSC on December 15 to meet the December 15 due date
   6. Possible On-Site Visits in January/February
      1. Email Anchor team to request a visit with a list of possible dates
      2. Will coordinate with Providers to visit various locations
   7. UC Tools
      1. The original submission UC Tool submission deadline was January 30;however, per HHSC’s recent direction, Providers will have 30 days to complete the tool from the time HHSC distributes the tool
3. **Providers Share Updates on RHP 8 Projects**

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| **Provider:** | **St. David’s Round Rock Medical Center** |
| **Goal:** | Expand availability of primary care services to targeted, low-income population in Williamson County that does not have existing health coverage, by paying existing local clinics and/or FQHCs to provide services to the population. |
| **Update:** | Project: “Access to Care”- St. David’s established a medical care card program for eligible Williamson county residents. Services may include preventative care, and help with managing chronic illnesses. The project seems to be moving along smoothly now that the implementation stages have been completed. |
| **Lesson Learned/Best Practices:** | Various stakeholders in the community have been interested in this project, thus, St. David’s has been working to answer questions and provide more information. |

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| **Provider:** | **Williamson County and Cities Health District** |
| **Goal:** | Expand capacity of access to preventive clinical care through availability of same day or next day appointments by increasing the level of health care professionals and extended hours. |
| **Update:** | 1. Health and Wellness Promotion Project: Targeting women of child bearing age, and pregnant women. WCCHD is mapping out data to identify gaps/needs and to work with Providers to promote health education classes. 2. WCCHD discussed with the Region how they, along with a few other Providers in the Region are implementing an electronica referral system to help link all patient referrals in one central repository. 3. NEW DY3 Project update: Implement innovative evidence‐based strategies to reduce and prevent obesity in children and adolescents. Round Rock childhood obesity project: Ages 7 – 13. Work with Head Start (early childhood education). Using evidence-based practices. |
| **Lesson Learned/Best Practices:** | WCCHD has partnered with a number of stakeholders in the community to draw on their experience of working with various populations in different zip codes; their collaborative has proved useful in implementing this project. |

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| **Provider:** | **Center for Life Resources** |
| **Goal:** | Telemedicine will provide clinically appropriate treatment as indicated by a psychiatrist or other qualified provider, reducing emergency department (ED) and service use and improve consumer satisfaction/access were previously limited or unavailable. |
| **Update:** | They hope to provide services at the end of Jan. or beginning of Feb. |
| **Lesson Learned/Best Practices:** | Working with Internet Service Provider (ISP) has proved to be somewhat challenging. In the future, if implementing any type of telemedicine project, ensure the IT department is working with the ISP to have all the details outlined prior to the start date of the project. |

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| **Provider:** | **Bell County Public Health District** |
| **Goal:** | Increase the availability of STD testing and the number of females of child bearing age tested for STDs. Nurses will provide STD risk reduction counseling. Increase the times and days that STD testing is offered from ½ day to 4 days per week. |
| **Update:** | Renee Stewart is the new full-time Waiver Project Manager and will be assisting with BCPHD on Waiver-related issues. |
| **Lesson Learned/Best Practices:** | It is important to have an adequate number of staff to administer Waiver projects effectively. This may be a difficult task for some Providers to fulfill based on being located in rural areas. |

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| **Provider:** | **Seton Highland Lakes** |
| **Goal:** | Use patient navigators to reduce emergency dept. utilization. |
| **Update:** | Providing home visits to overcome patients having difficulty in getting to appointments due to bad weather or lack of transportation. |
| **Lesson Learned/Best Practices:** | Some churches provide ride assistance for appointments and picking up medications. One Provider mentioned one organization provided a bicycle for a person to use to get to and from appointments and the pharmacy. May not be a suitable choice for all areas, but it’s a good idea. |

**Additional Discussion Topics:**

1. Anchor requested sample template of an *achieved* and *HHSC-approved* DY2 project report for another Provider to use as a template format. Seton Highland Lakes mentioned their *Patient Navigation* project report template.
2. Central Counties Services provided project management advice and learning collaborative requirement reminder.
3. Upcoming Learning Collaborative (LC) Update:
   1. Jennifer addressed LC dates and locations are TBD. Anchor team will update providers on LC developments.
   2. One possible topic may be Reducing Emergency Room Visits; is Providers have ideas on areas they would like to see LC focused, contact the Anchor team
4. **Next Steps/Adjourn**

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| January 2014 | |
| 6 | IGT due for October DY 2 DSRIP payments (based on approval of October reports by HHSC and CMS (FMAP rate 58.69)) |
| 7 | DY 4-5 Valuation documents due to Anchor from Provider (one in RHP 8) |
| Mid- to Late-January | HHSC will request confirmation of lead contacts, related to Section I. of the RHP Plan |
| HHSC provides feedback on Phase 4 submissions |
| 10 | DY 4-5 Valuation documents due to HHSC from Anchor |
| 17 | Providers respond to DY 2 October reporting ‘needs more information’ requests |
| Late-January | October DY 2 DSRIP payments processed |
| 30 | Completed UC Tool must be submitted to HHSC Rate Analysis by Providers  Update: the original submission UC Tool submission deadline was January 30;however, per HHSC’s recent direction, Providers will have 30 days to complete the tool from the time HHSC distributes the tool |
| February 2014 | |
| Early-February | RHPs will submit response to the Phase 4 feedback received in mid‐late Jan |
| 7 | HHSC and CMS will approve or deny the additional information submitted on 1/17/14 for metrics reported in October 2013; if approved, payments will occur in July 2014 (as part of the DY3 April reporting process) |