**Regional Healthcare Partnership 8**

**Monthly Conference Call**

**Tuesday, February 10, 2015 • 10:00-11:00 a.m.**

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

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**ATTENDANCE**

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| --- | --- |
| **Organization** | **Name(s)** |
| Bell County Public Health District | N/A |
| Bluebonnet Trails | Beth McClary  Jamie Schmitt  Vicky Hall  Kris Tamez  Morgan Starr |
| Center for Life | Alexis Fletcher |
| Central Counties Services | Donna Flannery  Kristen Zajicek  Tia Mays  Michael Pinon |
| Hill Country MHMR | Kristie Jacoby  Lynne Friese |
| Little River Healthcare | George DeReese |
| Scott & White – Llano | Kim Schroeder |
| Scott & White – Memorial | Bill Galinsky |
| Seton Harker Heights | N/A |
| Seton Health | Melanie Diello  Lydia Long  Eric Elliot  Kevin Wegner |
| Seton Highland Lakes | Crissy Calvert |
| St. David’s Round Rock Medical Center | Michelle Hays |
| Williamson County and Cities Health District | Matt Richardson  Victoria Lippman |
| RHP 8 Anchor Team | Angie Alaniz  Jennifer LoGalbo |
| Other Stakeholders | Kenny Schnell – Williamson County EMS |

**AGENDA**

1. **Welcome and Introductions (10-10:05 a.m.)**
2. **RHP 8 Learning Collaborative Updates and Upcoming Events (10:05-10:10 a.m.)**
3. [RHP 8 February Monthly Newsletter](http://us8.campaign-archive1.com/?u=085e5ace42badb60a4dba747d&id=5982c6d33b)

* RHP 8 newsletter went out last Tuesday, the 3rd.
* IN recognition of Valentine’s Day this month, the February newsletter highlighted two DSRIP Providers, Central Counties Services and Williamson County and Cities Health District, WCCHD, and how they are actively working to address the mind and body connection through their DSRIP projects:
  + First, Central Counties spotlights their collaborative project with the Bell County Public Health District. The goal of this particular project is to enhance patient education about chronic side effects from prolonged use of psychotropic medications, by providing self-management tools, to reduce or stabilize side effects.
  + Secondly, WCCHD shared an update on their collaborative project with Williamson County EMS. The WCCHD Integrated Care Team and Williamson County EMS Community Health Paramedicine Team, navigate patients to medical homes and this ultimately improves their quality of life. The collaboration created through this program has increased preventative healthcare and referrals for rural residents, and reduced non-emergency calls to EMS.
  + As usual, the Anchor team included two learning links that offer more in-depth information stemming from the two projects highlighted: 1) webinar that highlights the importance of integrating primary care with behavioral care, and 2) white paper that examines community paramedicine in California and a general overview of how this program is rolling out in another state.

1. [RHP 8 First, DY4, Face-to-Face Learning Collaborative Event](http://www.tamhsc.edu/1115-waiver/rhp8/lc/index.html)

Thursday, February 19, 2015; 1:00 – 4:00 p.m.; Texas A&M Health Science Center – Round Rock

Participants are required to register – email Gina Lawson by Thursday, 2/12: [glawson@tamhsc.edu](mailto:glawson@tamhsc.edu)

* The Anchor team is hosting the first, semi-annual, face-to-face event of DY4 at the Texas A&M Health Science Center in Round Rock.
* Melissa Rowan, Healthcare Policy Director at the Texas Council of Community Centers, will present the keynote address on the current state of mental health in Texas.
* Following the keynote address, participants will hear from two panels, each consisting of three RHP 8 DSRIP Providers, as they share their experiences, lessons learned, and successes in implementing behavioral health projects.

1. [Peer-to-Peer Regional Learning Collaborative Event Opportunities](http://www.tamhsc.edu/1115-waiver/rhp8/meetings/lc.html)

The Anchor team provides a list of upcoming learning collaborative events across the State, examples include:

* March 6, 2015: RHP 6 DSRIP Road Trip - San Antonio
* March 6, 2015: RHPs 11, 13, 16, and 19 Joint Event - Austin
* July 9, 2015: RHP 6 DSRIP Road Trip – Seguin
* In an effort to provide up-to-date information on the RHP 8 website, we have started listing various learning collaborative events underway in central Texas.
* If you attend other RHP events, please let the Anchor team know, as we welcome you to highlight what you have learned on our monthly learning collaborative conference calls.

1. **“Raise the Floor” – Focus Areas and Open Discussion (10:10-10:45 a.m.)**

* **“Project Execution and Continuous Quality Improvement Tools”**  
  *Presented by: Jennifer LoGalbo, RHP 8 Anchor Team*

The RHP 8 Anchor team will share information about the third phase of the project management (PM) lifecycle, project execution, followed with a review of various continuous quality improvement (CQI) tools.

* Reviewed and defined the activities involved in the execution stage of the PM lifecycle, along with walking through examples of four CQI tools DSRIP Providers may find helpful:
  + Cause & Effect Diagram (also known as fishbone diagram),
  + 5 Why’s Analysis,
  + Business Process Mapping (BPM) (covered in the November RHP 8 monthly call), and
  + Plan, Do, Study, Act (PDSA) short sprints.
* Note: See PowerPoint for presentation materials.

1. **“Collaborative PDSA Cycles”**  
   *Presented by: Lydia Long, Improvement Advisor, Seton Healthcare Family*

Lydia Long and her colleagues work with numerous DSRIP Providers to identify areas in which Waiver projects may be improved. Through her experience working with multiple DSRIP Providers, she understands the importance of collaboration as a piece of the overall CQI process, and she will share best practices and lessons learned with participants on the call.

* Walked through various CQI tools she has used in an effort to help DSRIP Providers improve their projects outcomes.
* Some of the reasons they selected to combine the efforts of the two projects:
  + same project option,
  + same leadership, and
  + similar goals.
* Goal 1 of the project was inspired by the RHP 7 learning collaborative event that focused on patient engagement.
* Goal 3 of the project is focused on data analysis – data is important for you to collect in order to compare where you are to where you are going.
* To develop their fishbone diagram, the Seton team came up with information two ways, literature review and brainstorming.
  + Based on literature review they were able to focus on patient-motivation and patient-engagement.
  + Based on brainstorming they thought of housing status and availability of phone.
* In order to make an impact, Seton team focused on the two areas they could have a larger control/impact on: patient-motivation and patient-engagement.
* Using PDSAs, they found shorter, smaller cycles are much more powerful and better than long, large cycles.
  + Recently, based on dashboard data, they are seeing a decline in their goal of working with patients that have phones. As such, Seton team will re-think ways to address this area. Prime example of the need to continuously improve your project.
* Ms. Long recommended the PDSA template from the Institute of Health Improvement (IHI) – this is an easy-to-follow template and provides accountability and space to plan out “why” you are making a change. Access the document via the IHI website: <http://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>

1. Open Discussion

* Kim Schroder uses PDSA cycles and she too has found examples when the results started to revert back to the pre-PDSA ways. Again, the importance of continuously improving your DSRIP project.
* Beth McClary currently uses PDSAs, but she may consider using the fishbone diagram as well as the PDSA process.

1. [**RHP 8 Behavioral Health and Primary Care Cohort**](http://www.tamhsc.edu/1115-waiver/rhp8/lc/cohort.html) **(10:45-10:55)**

*Facilitated by Cohort Co-Facilitators: Crissy Calvert and Joey Smith*

1. Update from Cohort members on medication management “homework” (e.g., HOGG Foundation findings, information about presumptive Medicaid, etc.)

* Focus was on 14-day window after discharge from the hospital – how to fil that gap?
* Beth McClary provided an update on findings from the HOGG Foundation. There were five grants that were of interest – she will share them with the Anchor team to share with Cohort members. One area Cohort members are encouraged to think about before the next, in-person meeting, is how would a medication management program be sustained in your community?
* Crissy Calvert did research and was able to locate the name of the person who spoke at the Texas Indigent healthcare Association (TIHA) meeting about presumptive Medicaid.
* Jennifer LoGalbo shared three websites at the last in-person meeting about medication costs/availability based on location (some sites even included information about current rebates):
  + <http://www.goodrx.com/>
  + <http://rxpricequotes.com/>
  + <http://www.pharmacychecker.com/>
* Joey Smith provided an update at the last in-person meeting about medication management programs underway in other areas of the state, primarily we looked at the program in Bexar County.

1. Decide on next in-person meeting: date, time, location, objectives (e.g., discuss transportation initiatives already underway in RHP 8 Counties through Unite Way, Area Agency on Aging, and/or Council of Governments)

* Crissy Calvert will send out possible meeting dates/times for the first week in March – Cohort members let Crissy know which date works best.
* Before next in-person meeting, Cohort members are encouraged to research the transportation programs/options available through the Providers respective Area Agency on Aging, United Way, and/or Council of Government (see email sent from Crissy 2/10 with attachment).
* Before next in-person meeting, Cohort members are encouraged to review the transportation materials shared by Angie Alaniz – these offer ideas about templates, and how other areas in the State are addressing transportation (see email sent from Crissy 2/10 with attachments).

1. **Next Steps/Adjourn (10:55-11 a.m.)**

Next Conference Call: Tuesday, March 10, 2015, 10:00 – 11:00 a.m.