**Regional Healthcare Partnership 8**

 **Monthly Conference Call**

 **Tuesday, April 14, 2015 • 10:00 a.m.-11:00 a.m.**

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



**ATTENDANCE**

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| --- | --- |
| **Organization** | **Name(s)** |
| Bell County Public Health District | Renee Stewart |
| Bluebonnet Trails | Beth McClaryJennifer BourquinAmy Pierce |
| Center for Life | Ranita OliverJoey Smith |
| Central Counties Services | Donna FlanneryTia Mays |
| Hill Country MHMR | Kristie Jacoby David Weden |
| Little River Healthcare | George DeReese |
| Baylor Scott & White Llano | Kim Schroeder |
| Baylor Scott & White Memorial | David Perez |
| Seton Harker Heights | Zach Dietz |
| Seton Highland Lakes | Crissy Calvert |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Matt RichardsonMargie Riggio |
| RHP 8 Anchor Team | Jennifer LoGalboGina Lawson |
| Other Stakeholders | Annie Burwell – Williamson County EMS –HealthCareLink |

**Agenda**

1. **Welcome and Introductions**

*RHP 8 Anchor Team*

1. **RHP 8 Learning Collaborative Updates and Upcoming Events**
2. **RHP 17 First, DY4, Face-to-Face Learning Collaborative Event – 3/25/15**

*George DeReese, Little River*

* George attended the event in Bryan/College Station. The event offered poster presentations by RHP 17 projects.
* A new term – *food insecure* – Approx. 27% of Texas children are *food insecure*, where their food intake has changed or they have been hungry at some point in time. Non-profit agencies can offer meals to children along with providing a wellness education program and then receive reimbursement from the USDA. [Williamson County and Cities Health District offers a childhood obesity prevention DSRIP project – Get Fit, Get Health, Get Movin’ (G3).]
* Due to changes in Medicaid, hospitals are in the business of keeping people out of hospitals, and redirecting emergency department use to more appropriate settings; hospitals are now offering more preventive and primary care patient education/services.
* Attending an event outside of one’s region offered an opportunity to network with new providers/learn about other DSRIP projects.
1. **Central Counties Services Learning Collaborative Event – 3/24/15**

*Donna Flannery, Central Counties Services (CCS)*

* Breakthru Central and Breakthru Finishline projects offer services for adults with intellectual and developmental disabilities (IDD).
* Staff offered a learning collaborative event with 28 people in attendance, including Bluebonnet Trails, Belton, Temple and Killeen ISDs, Education Service Center (ESC) Region 12, parents and other stakeholders.
* Staff presented project overviews and community impact.
* The media outlet, *Temple Daily Telegram,* is in the process of writing an article (success story) about a Breakthru Central/Finishline graduate.
* On April 15th, CCS will host a meeting for county judges and commissioners with a focused discussion on services for people with disabilities.
* NBC video link: View a *Dateline* special on young adults with autism and what happens when services and funding ends after high school graduation. Note: CCS’ program is for adults with IDD, currently serving participants aged 18 -54.
<http://www.nbc.com/dateline/video/dateline-april-12-2015/2857335?onid=146591>
1. **RHP 8 Behavioral Health and Primary Care Cohort – 5/5/15***Beth McClary, Bluebonnet Trails Community Services*
* Next cohort meeting is May 5, 1:00 – 3:00 p.m., Seton Highland Lakes - Business Office Conference Room 309 Industrial in Burnet, TX.
* A subgroup met March 23rd to discuss options for funding related to obtaining “emergency medications” for patients during the 7 - 15 day gap post hospital discharge until a patient assistance program can help with obtaining medications for free or at a discounted rate.
1. **SAVE THE DATE! RHP 8 Second, DY4, Face-to-Face Learning Collaborative Event – 8/5/15**

Time: 10:00 a.m. - 2:00 p.m.

Sponsor and Location: [Georgetown Health Foundation](http://gthf.org/), 2425 Williams Drive, Georgetown, 78628

\*\*Agenda and RSVP information will be shared with RHP 8 stakeholders as the date nears\*\*

1. **SAVE THE DATE! HHSC Statewide Learning Collaborative Summit – 8/26-27/15, tentative**

Location: HHSC has indicated they plan to host event at AT&T Executive Conference Center, Austin

1. **“Raise the Floor” – Focus Areas and Open Discussion**
2. **Continuous Quality Improvement (CQI): Utilizing Tools to Improve DSRIP Projects**

*Amy Pierce, Bluebonnet Trails Community Services*

* Based on participant feedback from the RHP 8 learning collaborative last February, a majority of people identified CQI as an area of interest.
	+ The RHP 8 August 5th learning collaborative will be focused on CQI. We will cover the basics from what is CQI and why it should matter to you as a DSRIP Provider, to showcasing Providers who are using CQI tools in their organizations to effectively manage DSRIP projects.
	+ Reminder: DSRIP Providers are required to report on CQI activities twice a year, both in April and October.
* Amy is the project manager for Bluebonnet Trails’ transitional housing project.
	+ Fifteen (15) individuals may reside in the home at one time, up to a 3 month –stay, and 67 individuals have been served since the beginning of the Waiver.
	+ Success story – in fall 2014, a gentleman experiencing homelessness and multiple hospitalizations, exited out of crisis respite, and transferred into the transitional housing program and became active in all offered programs. He gained employment from a seasonal to permanent position, bought a car, and got an apartment.
	+ CQI tool used: PDSA cycle:
		- PDSA is used with implementing the patient developed **Wellness Recovery Action Plan** (WRAP), an evidenced-based program.
		- Staff facilitate a one-day a week WRAP support group.
		- The patient’s goal is to leave the facility with a fully-completed WRAP, thus positively impacting their success upon leaving the facility.
		- After 2 months, individuals were using their wellness toolbox, however some were moving in and out of program and found that most patients had only half-way completed their WRAP.
		- By using the WRAP PDSA, staff decided to offer a WRAP 3-day training each quarter, done with a large group.
		- Evaluations found 75% of patients left with a completed WRAP, goal is 100%.
		- Staff apply PDSAs to discharge and admission processes as well as sustainability process.
		- The PDSA is easy to share with others/colleagues to share best practices.
		- Staff meet weekly to review PDSAs.
1. **Open Discussion**

*RHP 8 Anchor Team*

* Who is currently using CQI tools to assess their DSRIP project(s)?
	+ PDSAs used by: Baylor Scott and White (BSW) Llano, Center for Life Resources, Central Counties, and Williamson County and Cities Health District.
* What CQI tool(s) are you using at your organization?
	+ Seton Highland Lakes uses Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scoring and internal reports.
	+ BSW uses lean methods.
* How often does your team meet to discuss/review CQI tool data/metrics?
	+ Time/staffing is an issue for impacting system change through use of CQI tools; not rigorously used.
	+ Make it part of the culture and offer training and support to get staff buy-in.
* What is a corrective action that has been made to your DSRIP project as a direct result of information you received via use of a CQI tool?
	+ Today’s CQI presentation by Amy Pierce offered insight to the PDSA helping to address the need for patients to complete their WRAP and added a three-day training event for individuals to complete a WRAP in order for individuals to complete their WRAP and see increased success upon leaving transitional housing.
1. **Next Steps/Adjourn**

*RHP 8 Anchor Team*

1. **Reminder: The RHP 8 & 17 Joint Regional Meeting will be 4/15/15 in College Station**
	* The Anchor team asks if a number of people are calling in from the same physical location, make an attempt to dial-in on the same line so that more are able to access the conference call line, and please note who will be dialing-in from the same phone line on your RSVP.
2. **Reminder: April DY4 Reporting deadline: 4/30/15**
3. **RHP Plan Resubmission Process**
* Providers to submit clean narratives to RHP 8 Anchor team by **noon, Monday, April 20th** per the emailed request sent by the Anchor Team on 4/8/15.
* Ensure track changes are enabled when making updates to your narratives, so the Anchor team and HHSC are able to view what was modified:
1. Updates to grammar. During the technical corrections/plan modification period last summer, Providers were instructed not to submit updated narratives to HHSC if only correcting minor grammatical errors. If you wish to update any errors, now is the time to do so.
2. Updates to your Cat 3 selection along with information about why you selected the Cat 3 milestone. The original Plan submitted February 2013, required Providers to submit both a Cat 3 narrative and Cat 3 milestone table. Since these selections have dramatically changed, the Anchor team is simplifying the process. The Anchor team will list all Cat 1/2 projects in Section V of the Plan along with their respective Cat 3 selection(s). DSRIP Providers are responsible for ensuring their Cat 1/2 narrative(s) reflect the approved, new Cat 3 milestone outcome(s) selected last year, along with the rationale.
* **ALLOWED: MINOR TECHNICAL CHANGES**
	+ Minor changes that DO NOT meet plan modification criteria and do not impact type/scope of services provided by the project. For example:
		- Expanding the project to an additional county
		- Updating location of program site if change approved by HHSC as part of prior reporting period
		- Updating QPI goals in the narrative to match HHSC-approved QPI metric goals if not current
		- Updating M/LIU percentages in the narrative to match HHSC-approved M/LIU updates if not current
		- Updating a narrative to add missing “Project Summary” information
		- Updating a summary and narrative to reflect new Category 3 measures
		- Correcting grammar, spelling, syntax, punctuation
* **NOT ALLOWED: PLAN MODIFICATIONS**
	+ Change in type/scope of services provided;
	+ Change to the Quantifiable Patient Impact (QPI)
	+ Change to a milestone/metric
	+ Change to the estimated percent Medicaid/Low-income Uninsured population served
	+ Change to the core components of a project
	+ Change to the number or type of staff to be hired
	+ Change to the program that causes it to vary from the project option on the menu
1. After you have updated your narratives to reflect updated Cat 3 selections/edits to grammatical errors, email your narratives (with track changes) to the RHP 8 Anchor team by **noon, Monday, April 20th**.
2. **Next Conference Call:** Tuesday, May 12, 10:00-11:00 a.m.