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**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

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

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

**ATTENDANCE**

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| --- | --- |
| **Organization** | **Name** |
| Bell County Public Health District | Renee Stewart |
| Bluebonnet Trails | Amy PierceMarlene BuchananJennifer Bourquin |
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| Center for Life | Joey Smith |
| Central Counties Service | Eldon TietjeRobert WalkerRay Helmcamp |
| Hill Country MHMR | David WedenKristie Jacoby |
| Little River Healthcare | George DeReese |
| Scott & White – Llano | Kim Schroeder |
| Scott & White – Memorial | N/A |
| Seton Hospital System | Carol Saucedo |
| Seton Harker Heights | Zach Dietz |
| Seton Highland Lakes | Crissy CalvertJennifer Ransier |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Mary Faith SterkLisa MorseDina Cavazos |
| RHP 8 Program Director | Jennifer LoGalbo |
| RHP 8 Program Assistant | Gina Lawson |
| Other Stakeholders | N/A |

**AGENDA**

1. **Welcome and Introductions**
2. Introduce Anchor team
3. Roll call of stakeholders on call by Provider-organization
4. Open to the region
5. **RHP 8 Learning Collaborative Re-Cap**

1. Bi-Weekly Call

* As the Anchor team, we want to provide an outlet for RHP 8 Providers and other interested stakeholders in the community to share experiences and learn from one another. The RHP 8 bi-weekly call is an opportunity for Providers to promote collaborative learning around shared or similar projects. Participation may include stakeholders sharing:
	+ Challenges and possible solutions;
	+ Results on new improvements that the Provider is testing;
	+ Best practices developed at the organization; and/or
	+ Lessons learned from project teams.

2. Purpose of Bi-Weekly Call

* As a friendly reminder, all DSRIP Providers must report on continuous quality improvement (CQI) activities in their semi-annual reports, which are every April and October.
* The bi-weekly call is being re-structured to bring it back to focus on the learning collaborative component that it was originally created to address.
* In the past, we spent the first portion on the call discussing updates on Waiver news. However, with our new agenda, we are going to focus strictly on learning collaborative pieces, for example: project spotlights, innovator agents, shared experiences from other-RHP activities.
* The RHP 8 bi-weekly call has been on-going since December 2013, and is held every other Tuesday from 9-10 am. It is not mandatory for Providers to attend, however, the Anchor team encourages organizations have at least one representative on the call who is familiar with the DSRIP projects being implanted within the organization.
1. **“Raise the Floor” – Providers Discuss Topic Areas and Open Discussion**
2. Project Spotlight: “Patient Navigation – Expanding Care Across RHP 8”

Presentations will be provided by:

* Mary Faith Sterk, Williamson County & Cities Health District (WCCHD)
* Patient navigation project intertwines with all WCCHD DSRIP projects; project is undergoing incremental implementation phases
* This project focuses on the “no wrong door” approach – anyone seeking healthcare will receive help
* The project team consists of: patient navigators, care coordinators, and social workers/nurse case workers
* The ‘pilot’ project served roughly 1,086 people this year and the number of individuals is increasing rapidly
* Paramedicine and case managers did healthcare screenings/provided navigation services for roughly 40 individuals at a community church’s health fair (success story: one patient was near suicidal because he has cancer and had nowhere to turn to; he is now a part of the patient navigation project)
* The return on investment is substantial for this project – WCCHD is able to increase the health and improve lives of patients who would otherwise seek care in costly ED visits, etc.
* One of the challenges faced is ensuring the data collected is correct and it spans all the patient services offered by multiple organizations in the community (for example, WCCHD, EMS, etc.)

**Q&A**

1. Eldon – Central Counties: are the services reimbursable, if not, could they be reimbursable?

* Mary Faith – Services are currently not reimbursable, but yes, if restructuring tool place and documentation was in place to support the claims they could be reimbursable

2. Eldon – Central Counties: how are patients getting the care they need/is transportation proving to be an obstacle?

* Mary Faith – Transportation is a huge issue in this county and it’s an issue that spans most counties in Texas; transportation is the biggest barrier to accessing care in this county. WCCHD is working with paramedicine team to get paramedics and case workers to go out and visit ‘high utilizers’; this is not a silver bullet solution, but it does help bridge some of the gap

3. Eldon – What about using taxis in Williamson county/getting Medicaid assistive transportation reimbursements?

* Mary Faith – the Medicaid assistive transportation reimbursements do not help defray costs associated with those non-Medicaid patients
* Crissy Calvert, Seton Highland Lakes
* In May 2013, Seton Highland Lakes (SHL) started the actual patient navigation project and coordination project with Burnet County Indigent Program (BCIP)
* Target population for this project are high-utilizers of the ED with ambulatory diagnosis who are not seeking preventative care at a primary care doctor visit
* This includes people with: CHF, diabetes, hypertension, COPD, and/or asthma
* These patients really need someone to hold their hand and navigate them through the healthcare system/provide a medical home
* The BCIP has blossomed since SHL has taken over
* Success story – one of the high-utilizers in the ED had been to the hospital over 5 times
* March 2014 was his last ED visit – SHL worked to get him enrolled in the patient navigation project and has routed him from seeking care in the ED, to seek care through his primary doctor
* One challenge faced by SHL was that initially the project called for all patients to be evaluated by the Medical Director before being admitted to the BCIP; this caused a bottleneck, it was redundant) – SHL has since utilized other staff at SHL to see patients and this has allowed for an easier flow of patients to be allowed in the program
1. Innovator Agent: “Transitional Housing Opportunities in Williamson County – Providing Stable Living Arrangements and Improving the Lives of Patients Utilizing this Service”

Presentation will be provided by: Amy Pierce, Bluebonnet Trails (BBTS)

* Bluebonnet Trails is participating in 4 RHPs, and they are implementing a number of innovation projects. One of those projects in RHP 8 is transitional housing
* Bluebonnet has 3 transitional homes located in Williamson County – 2 serve women and 1 is serving men
* This project is a peer-supported project which offers a place of recovery for people coming out of respite services/at risk for becoming homeless/homeless individuals
* Since October 2013, the program has served 21 individuals
* The clients entering this program are surrounded by a team who focus on ‘whole health’
	+ This means the project focuses on strength and support of the persons whole well being
* Monday/Wed./Friday the group goes to Williamson County, Georgetown Wellness Center – this helps clients understand the importance of health of body and mind
* One challenge the program faced when it initially started was that there was staff available at the houses M-F, 8-5; however, there were a number of calls going to the crisis line during hours when staff was not at the houses
	+ Then, BBTS added to staff being on call on the weekends, along with evening hours – since this change was implemented, no calls have been made to the crisis line
* Success story: one of the patients who entered the project was working on their person centered recovery plan (PCRP) with their peer support lead, when the patient said, “I’m a winner!”
* This person has faced many hardships, and for the first time this person really felt they could overcome their challenges
* This person went on to get a job, establish living arrangements, and is now thriving in the community

**Q&A**

1. Eldon – Central Counties: Is this housing available to patients 24 hours day/7 days week?
* Amy – Yes
1. Eldon – Central Counties: What kinds of licensing/certifications were required by BBTS to establish these houses?
* Amy – Occupancy license from Williamson County, City of Georgetown
1. Joey Smith – Center for Life: Does BBTS accept referrals outside of Williamson County?
* Amy – Yes, they have accepted one person from outside the county. BBTS also offers this service in Bastrop and Sequin
1. Eldon – Central Counties: Would Amy mind sharing a copy of the letter with Eldon/he would like to learn more to look at implementing this type of program?
* Amy – Yes

**Action Item: Jennifer will share Eldon’s contact information with Amy**

1. Joey Smith – Center for Life: Would Amy mind if Center for Life came out to tour/visit the homes?
* Amy – Sure, not a problem

**Action Item: Jennifer will share Joey’s contact information with Amy**

1. Open Discussion
* Open the call up to any other stakeholders on the call who would like to ask questions, or share with the group about activities your organization has underway to improve quality.
* For example, are any Providers on the call actively engaging in PDSA cycles or other types of internal CQI activities?
1. **RHP 8 Learning Collaborative Updates**
2. Monthly Newsletter
* The 1st monthly newsletter we sent out was in April 2014. Then the RHP 8 team worked with the IT department to develop a web-friendly version that is more easily accessible via web and mobile phone. We hope everyone enjoyed the June newsletter.
* The RHP 8 newsletter is sent to other RHP Anchors along with multiple stakeholders in the region who have signed up to learn more about activities underway by Providers. It is sent to over 200 individuals.
* If you have any success stories, or have any events planned that you would like to share with the rest of the region, send an email or call the Anchor team so that we can get that information included in the July newsletter. Send to the Anchor team by the second week of the month **BEFORE** you want it included in a newsletter.
1. Cohort Development
* In RHP 8 there was a lot interest around the Behavioral Health and Primary Care Integration cohort group. However, we lacked participation sign-up for the RHP 8 Patient Navigation and Care Transitions cohort. As such, the Anchor team will be focused on developing our Behavioral Health and Primary Care Integration cohort group.
	+ NOTE: For those interested in participating in the Patient Navigation and Care Transitions cohort, we will gladly share your contact information with RHP 17 (Anchored by Texas A&M Health Science Center, College Station).
* Dr. Ray Helmcamp and Mr. Joey Smith have volunteered to serve as the Facilitator and Co-Facilitator for this group and more information will be coming soon to those who have sign up.
* Please know that it’s not too late to get involved. If you are interested in being a part of the cohort, stakeholders are welcome to join at any time. Contact the Anchor team for more information.
1. Opportunities to Participate in Other-RHP Activities
* We have quite a few Providers who are implementing projects in multiple RHPs.
* If you attend other RHP learning collaborative events, please let the Anchor team know and we invite you to share key takeaways from those events with the rest of the region on these bi-weekly calls.
1. New, RHP 8 website and learning collaborative discussion group
* The Anchor team has been working with the IT department to completely re-do our existing website. The new site, scheduled to launch this week, will offer a page dedicated solely to learning collaborative activities. The new site will also be linked with an RHP 8 Learning Collaborative Discussion Forum.
* Previously, stakeholders in this region expressed interest in being able to access a distribution list that would allow for Providers to share questions with one another. We are working with the IT department to get this discussion group finalized, and more information will be shared with you all in the next week.
1. Upcoming events
* Are there any events that anyone on the call would like to share with the group at large?
* Any interesting training sessions, webinars, or other RHP activities you will be attending?
* Please share this information with the RHP 8 Anchor team and we can include this in our monthly newsletter!
1. **Next Steps/Adjourn**

**Next call scheduled (note: time change for next bi-weekly call):**

**Tuesday, June 24, 2014, from 1:30 p.m. – 2:30 p.m.**