**Regional Healthcare Partnership 8**

 **Monthly Conference Call**

 **Tuesday, June 16, 2015 • 10:00 a.m. – 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 | Renee Stewart |
| Bluebonnet Trails | Meghan NadolskiAmy Pierce |
| Center for Life | Ranita OliverJoes Smith |
| Central Counties Services | Donna FlanneryTia MaysRobert Walker |
| Hill Country MHMR | Kristie Jacoby  |
| Little River Healthcare | George DeReese |
| Baylor Scott & White | Bill Galinsky |
| Seton Harker Heights | Zach Dietz |
| Seton Highland Lakes | N/A |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Matt Richardson |
| RHP 8 Anchor Team | Angie Alaniz Jennifer LoGalboGina Lawson |
| Other Stakeholders | Shayna Spurlin – RHP 17 Anchor team |

**AGENDA**

1. **Welcome and Introductions**
2. **RHP 8 Learning Collaborative Updates and Upcoming Events**
3. [RHP 8 Second, DY4, Face-to-Face Learning Collaborative](http://www.tamhsc.edu/1115-waiver/rhp8/lc/index.html)
**Date:** Wednesday, August 5

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

**Location:** [Georgetown Health Foundation](http://gthf.org/), 2425 Williams Drive, Suite 101, Georgetown, 78628

**RSVP:** Participants are required to register. Email the Anchor team by July 22: glawson@tamhsc.edu

* Attendance is free and lunch is included.
* DSRIP and UC Providers and IGT Entities, community stakeholders, and other Anchors are encouraged to attend.
* Event Focus: Continuous Quality Improvement (CQI) applications and opportunities for hands-on practice.
* Presenters from Dallas, Houston, and Waco areas.
1. [RHP 8 Behavioral Health and Primary Care Cohort Meeting](http://www.tamhsc.edu/1115-waiver/rhp8/lc/cohort.html)

**Date:** Wednesday, June 24 – **CANCELLED**

**Time:** 1:30-3:30 p.m.

**Location:** Seton Highland Lakes, Burnet

* + Members will regroup and identify DY5 goals and objects after the August 5 RHP 8 Learning Collaborative.
1. [HHSC Statewide Learning Collaborative Summit](http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml)

**Date:** Thursday-Friday, August 27-28

**Time:** All day

**Location:** [AT&T Executive Education and Conference Center](http://www.meetattexas.com/), 1900 University Avenue, Austin, 78705

* HHSC will send out invitation/registration information for the statewide summit in Austin.
* The registration process will be similar to the one used last year, in which each Performing Provider will receive 1-3 spots depending on the organization’s number of active projects.
* HHSC will issue a survey for recommendations on what topics are of most interest to DSRIP providers and other stakeholders.
1. Upcoming Monthly Learning Collaborative Conference Call Topics

The Anchor team will work with DSRIP providers in the upcoming weeks to schedule providers to participate in upcoming learning collaborative calls during the remainder of 2015.

* **August 11** – Behavioral Health Projects
* **September 8** – Patient Navigation Projects
* **November 10** – Update from 3-Year Project Providers
* **December 8** – Recap of DSRIP During DY4
1. **“Raise the Floor” – Focus Areas and Open Discussion**
2. **“Making the Case for Evidence-Based: A Brief Overview of Basic Considerations”**

*Presenter: Shayna Spurlin, RHP 17 Program Director,* *spurlin@tamhsc.edu*

Ms. Spurlin will present on the basics of what evidenced-based is, review why DSRIP providers should care/consider evidence-based when making a case for their programs, and share information about references/ sources providers may access to help support project-specific models and/or collect data to build your case as part of potential Waiver renewal/extension activities.

**Open Discussion**

* Are you implementing an evidenced-based program/practice/medicine or a promising practice?
* What model are you using and in what ways have you modified the program to fit the needs of your program?
* Do you have a program showing success that isn’t evidenced-based, but perhaps could be?
* If you were asked to “take the next step” with continuing your program, what would that be?

**Presentation Highlights on Evidence-Based Programs (EBPs):**

* Evidence-based generally means the program and/or process has been researched/proven to work within the evaluated parameters.
* *Evidenced-based practices* are principles and ideas supported by research, Providers use specific skills/techniques when interacting with patients.
* A *promising practice* uses an EBP model, but adapts/modifies it somehow – therefore it may no longer be called an EBP, but is now a *promising practice.*
* Evidence-based medicine, e.g., P*roject Red* – aims to reduce hospital readmissions.
* EBPs are a set of activities that demonstrate effectiveness based on implementing research, e.g., *A Matter of Balance* – a fall prevention program.
* Using EBPs increases likelihood that the program may be replicated and sustained.
* Clinical Champions Workgroup is collecting EBP/promising practice data from across the state through the Transitional Impact Surveys. RHP 8 submitted nine surveys to HHSC.
* Earlier this year during the spring, some Providers voluntarily provided feedback to the Clinical Champions Workgroup to help identify areas of potential best practices/lesson learned to share with other Providers.
* One component of identifying if a program is an EBP is if someone else is implementing your EBP model they would expect similar results.
* Data sharing – collecting data in a standardized fashion will help to build proven research and determine community impact.
* Best way to get started researching EBPs is to use the internet; e.g., Google Scholar – free, peer reviewed online journals.

**Open Forum/Q&A:**

* Meghan Nadolski of Bluebonnet Trails– Project: Expanded Access Program.
	+ Team collectively completed the survey. The project started as an EBP and adapted it based on feedback from the population served. They reshaped the program to fit the community.
	+ Category 3 measurement options limited what and how projects demonstrated improvement. Also, the data set collected for DSRIP projects does not truly capture other data points that could be more valuable/meaningful. Staff time and resources dedicated to capturing Cat 3 measures rather than other meaningful data/research.
* RHP 17 example: A hospital patient navigation program struggled with selected Cat 3 project measure to demonstrate actual impact. Project intent was to reduce the number of NICU days for at risk pregnant women, but the DSRIP measure options did not address this data collection measure.
* RHP 17 example: A community paramedicine project did not have a standard model to follow for data collection and program implementation. The project staff gained direction from a care transitions DSRIP program on types of data to track, identifying what was important to collect, how to collect it, and how to make a case to set up their project as an EBP.
* Matt Richardson of WCCHD – Cat 3 outcomes/measurement were not exactly aligned with projects because options were more aligned with hospitals.

**Example of an innovative project that received unexpected results:**

* WCCHD’s HPV vaccination project aims at increasing the percentage of youth completing the HPV vaccination series by age 13. After comparing patient data in the vaccination system, person by person, they found more patients than they thought were completing the series as they gained a permanent medical home. Therefore, the team saw two successes.

**Two EBP Handout Resources:** (attached to conference call minutes email)

1. ***Making the Case for Evidenced-Based: A Brief Overview of Basic Considerations***

RHP 17 Program Director Shayna Spurlin’s presentation outline with resource references

1. ***RHP 8 Supplemental Handout***
RHP 8 reference document includes an EBP overview, advantages, disadvantages, and references
2. **Next Steps/Adjourn**

Next Conference Call: **Tuesday, July 14, 10:00-11:00 a.m.**