**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

**Wednesday, September 17, 2014 • 9:00-10:00 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 | Vicky HallJennifer BourquinBeth McClaryAmy PierceMarlene Buchanan |
| Center for Life | Alexis FletcherJoey Smith |
| Central Counties Services | Eldon TietjeMichael PinonTia Mays |
| Hill Country MHMR | Kristie Jacoby |
| Little River Healthcare | N/A |
| Scott & White – Llano | Kim Schroeder |
| Scott & White – Memorial | David Perez |
| Seton Hospital System | N/A |
| Seton Harker Heights | N/A |
| Seton Highland Lakes | Melanie Diello |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Victoria LippmanMary Beth GangwerMatt RichardsonMarjie RiggioErin Rigney |
| RHP 8 Anchor Team | Jennifer LoGalboGina Lawson |
| Other Stakeholders |  |

**AGENDA**

1. **Welcome and Introductions (9:00-9:05)**
2. **RHP 8 Learning Collaborative Updates (9:05-9:10)**
3. Bi-weekly Conference Call – [Previous Meeting Minutes and Attendance Lists Available Online](http://www.tamhsc.edu/1115-waiver/rhp8/lc/calls.html)
	1. Anchor team is seeking out Providers who have not yet presented on the call.
	2. If you have not yet presented on the call, please consider sharing with others in the region on the intervention your project is aiming for and results you hope to see in the next 2 years.
4. Monthly Newsletter – [September Edition Available Online](http://us8.campaign-archive2.com/?u=085e5ace42badb60a4dba747d&id=cd00b9a850)
	1. The RHP 8 monthly newsletter went out Tuesday, September 2nd.
	2. The Anchor team spotlighted Hill Country MHDD’s veteran peer support project in Blanco and Llano counties, and Bluebonnet’s Outpatient Substance Abuse services project in Burnet and Williamson counties.
	3. Included links on sustainability resources along with a link to heart-healthy recipes in an effort to promote Cholesterol Education Month.
5. Regional Opportunities
	1. RHP 8 and RHP 17 joint Lunch & Learn will be hosted Tuesday, Sept. 23rd from noon-1 pm.
	2. The topic will be appreciative inquiry, and Gina will be presenting on what AI is: its background, history, and real-life scenarios to use appreciative inquiry for both improving your DSRIP projects and for general use in your organization as a whole.
	3. Spots are limited, so mark your calendar and email with Gina if interested in attending: glawson@tamhsc.edu
6. DY4 Learning Collaborative Event
	1. Learning Collaborative Event – Target date: mid – late February/early March 2015
	2. Anchor team is looking for volunteers to help serve on the “LC Planning Committee” starting in December to identify topics and objectives for the event.
	3. Email Anchor team if interested in being a part of this group.
7. **Behavioral Health and Primary Care Cohort Development (9:10-9:15)**
8. Cohort Spokesperson: Kim Schroeder – Scott & White Llano

Next Meeting: Wednesday, September 24, 2014, 1-3 p.m., Seton Highland Lakes, Burnet

[Cohort Meeting Minutes and Attendance Lists Available Online](http://www.tamhsc.edu/1115-waiver/rhp8/lc/cohort.html)

1. Cohort continues to develop regional Resource Guide that will highlight the DSRIP projects in the region in an easy to follow format for Providers in RHP 8 to reference if wanting to refer or direct a patient to a needed service not provided by the Provider.
	1. The resource guide will be for internal use only and is not going to be disseminated to patients or clients receiving services.
2. Currently, Crissy is working on the framework to collect data and she will share that with the Cohort in the near-future.
3. Cohort plans to utilize the existing Google Group discussion forum for Cohort communications.
4. Cohort plans to use development of the regional resource guide as a PDSA CQI activity.
5. **“Raise the Floor” – Providers Discuss Topic Areas and Open Discussion (9:15-9:55)**
6. Project Spotlight: “Community Services Extended Observation Unit (EOU)” (9:15-9:20)

Presenter: Jennifer Bourquin – Bluebonnet Trails Community Services

1. See PowerPoint.
2. The EOU is located in Georgetown and has been a beneficial component of 1115 Waiver projects at Bluebonnet. The EOU is a 48-hour stabilization center for emergency or voluntary detention. They offer clients in need of further assistance to step-down into the 7-day Respite Center.
3. All necessary staff have been hired and trained along with a discharge coordinator for continuity of care.
4. A challenge faced is DEA not allowing certain detox medications to be administered in EOU.
5. Jennifer LoGalbo shared personal story about interacting with Bluebonnet client.
	* 1. It’s great to hear about project success stories on the bi-weekly calls and through the newsletters, but these are really inspirational stories and “thank you” to all the Providers in RHP 8 who are making a difference and having positive impacts on our community!
6. Innovator Agents: Sharing Best Practices and Lessons Learned from Across the State
	1. Best Practices from RHP 7 Learning Collaborative Event (9:20-9:25)
		* Presenter: Beth McClary – Bluebonnet Trails Community Services
			+ Enjoyed many parts of the RHP 7 LC event, primarily the emphasis on person centered training.
			+ Many Providers put projects together quickly when Waiver first came about, so it’s good to step back and look at where the projects are now and what’s been done.
			+ RHP 7 is asking Providers complete PDSAs related to patient engagement.
			+ RHP 7 has formed an “eCouncil” to help patients and families by informing them of better care.
			+ Like Jennifer pointed out, stories are the meat of change and as DSRIP Providers it is important to share those stories and advocate for patients.
			+ Enjoyed learning about Aunt Bertha – this is a website that helps locate resources based on zip codes.
			+ DSRIP Providers could look at adding their DSRIP project as resource on the website. Not sure about costs to add contact.
			+ Website is free to use.
* Melanie Diello with Seton enjoyed how RHP 7 challenged Providers to complete a PDSA with another Provider.
	+ - * This will help increase collaboration, something that has been touched upon by both HHSC and CMS at the HHSC Summit last week.
	1. Lessons Learned from HHSC Statewide Learning Collaborative Summit (9:25-9:45)

Link to HHSC Summit Materials: <http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml>

Presenters:

Matt Richardson – Williamson County and Cities Health District

* Summit was great event and he enjoyed hearing from other RHPs about what is going on across the State.
* Liked Guy Clifton’s presentation about care integration and collaboration.
* Enjoyed learning about other projects being implemented across the State, specifically a disease registry in RHP 7, drive-through blood test project in RHP 9, and in general felt the mid-point assessment breakout session was helpful re: what may be expected of Providers.

David Perez – Scott & White Memorial

* Reiterated Matt’s points about the overview of the 20 RHPs across the State being helpful.
* Felt energized after the Summit knowing how many people are involved with this effort.
* Summit offered networking opportunities and liked to see everyone had the same mission.
* Mid-point assessment breakout session came with a lot of questions. HHSC tried their best to answer questions.
* Cat 3 breakout session was very fast-paced and offered a lot of material.
* General consensus of those in this session said it was too fast and Providers will still need TA from HHSC.
* Jennifer mentioned the Anchors met on Thursday (9/11) and had an opportunity to visit with HHSC staff.
* HHSC does plan to offer additional TA around Cat 3 baseline reporting, October DY3 reporting, and QPI.

Renee Stewart – Bell County Public Health District

* Appreciates the RHP 8 Anchor’s emails and constant communication with Providers.
* She attended the QPI breakout session and felt a lot of questions being asked by other Providers are things she knows because the Anchor team has been communicating about these topics.
* The Summit really opened her mind up to see what others are doing across the State and ideas of ways they may be able to improve upon their projects.
* She enjoyed the presentation that tied in RHP 20’s chronic health care/Zumba classes.
* Attended mid-point assessment breakout session and like Matt and David, found it did not increase anxiety about mid-point assessment, seems like it will be fairly cut & dry.

Joey Smith – Center for Life Resources

* Enjoyed when the triple aim was discussed – this is the basis the Waiver was established and it was good to hear about the aims.
* Enjoyed the Meadows Foundation presentation – liked to hear that high ED utilizers are now being recognized as commonly having behavioral health problems and maybe now more people will start linking the two – perhaps utilizing LMHAs.
* Myers & Stauffer mentioned “data needs to conform to approved plan and needs to be measurable”.
1. Open Discussion (9:45-9:55)

Eldon – three questions:

1. Q: Is HHSC posting the mid-term evaluation breakout session?

A: Yes, however it has not been posted yet. HHSC will post the presentation from day 2.

1. Q: Are Cat 3 reporting companion document/reference materials out yet?

A: No, as soon as the Anchor team receives them we will share with Providers.

1. Q: What should Providers expect for October reporting?

A: Based on feedback from HHSC, the October reporting tool is still being tested.

HHSC does plan to offer TA on the October reporting tool – dates and times, TBD.

If the reporting tool is not ready in time, HHSC will most likely revert back to reporting tool such as that used in April DY3 (Excel).

1. **Next Steps/Adjourn (9:55-10:00)**

Next call scheduled: Tuesday, September 30, 2014, 9-10 a.m.

* If interested in joining DY4 LC planning committee, email Anchor team.
* Lunch & learn is planned for 9/23, RSVP with Gina at glawson@tamhsc.edu.

**PROVIDER INPUT REQUESTED BY RHP 8:**

* Do any Providers in RHP 8 have a metric in DY4 that requires bi-weekly calls?
* If no, do Providers want to continue bi-weekly call, or move to a monthly call?