**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

**Tuesday, September 30, 2014 • 9:00-10:00 a.m.**

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

**ATTENDANCE**

|  |  |
| --- | --- |
| **Organization** | **Name(s)** |
| Bell County Public Health District | N/A |
| Bluebonnet Trails | Beth McClary  Amy Pierce  Marlene Buchanan  Tiffany Gonzales |
| Center for Life | Alexis Fletcher |
| Central Counties Services | Michael Pinon  Sharon McCann |
| Hill Country MHMR | Kristie Jacoby  Kim Olden |
| Little River Healthcare | George DeReese |
| Scott & White – Llano | Kim Schroeder |
| Scott & White – Memorial | Bill Galinsky |
| Seton Hospital System | Carol Saucedo  Melanie Diello |
| Seton Harker Heights | N/A |
| Seton Highland Lakes | Crissy Calvert |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Victoria Lippman  Mary Beth Gangwer  Matt Richardson  Erin Rigney |
| RHP 8 Anchor Team | Jennifer LoGalbo  Gina Lawson |
| Other Stakeholders | Dayna Fondell – RHP 7 – Central Health  Pauline Van Meurs – Williamson County EMS |

**AGENDA**

1. **Welcome and Introductions (9-9:05 a.m.)**
2. **RHP 8 Learning Collaborative Updates (9:05-9:15 a.m.)**
3. Regional Opportunities
   1. Bi-weekly conference calls changing to monthly
      1. Based on a review of milestones and metrics in the most recent 4-year project Master workbook on the HHSC website, and through asking lead DSRIP Providers about project metrics for DY4, the Anchor team is not aware of any Providers required to meet bi-weekly via events hosted and organized by the Anchor team.
      2. **Starting in October, we will be hosting a monthly conference call on the second Tuesday of the month.**
      3. Our next conference call will be **Tuesday, October 14, 9-10 a.m.**
      4. Meeting minutes and attendance records are available on the [RHP 8 Conference Call webpage](http://www.tamhsc.edu/1115-waiver/rhp8/lc/calls.html).
   2. RHP 8 and RHP 17 joint lunch & learn hosted Tuesday, Sept. 23rd, noon - 1 p.m.
      1. Presentation materials available on the [RHP 8 Learning Collaborative](http://www.tamhsc.edu/1115-waiver/rhp8/lc/index.html)homepage.
      2. For those of you on the call you should have received a follow-up email last week with a copy of the electronic sign-in sheet.
         1. If you need a copy of the sign-in sheet email the Anchor team and we will be happy to send that to you.
4. Behavioral Health and Primary Care Cohort Meeting - *Crissy Calvert, Seton Highland Lakes*
   1. The Cohort met Wednesday, September 24th, to discuss future development of the RHP 8 resource guide.
   2. Cohort will not meet in October.
   3. Meeting materials are available on the [RHP 8 Behavioral Health and Primary Care Cohort](http://www.tamhsc.edu/1115-waiver/rhp8/lc/cohort.html) webpage.
   4. The County-Based Resource List is in development for use by the Cohort members.
      1. It is made up of Cohort member DSRIP projects. Information included in the document: Project description, eligibility info, county, contact/referral info.
      2. Seton Highland Lakes will house the document and Cohort members are responsible for updating their projects’ content.
   5. The team visited about best practices and ideas heard at the HHSC Summit and how the Cohort may incorporate other RHP ideas in with this Cohort.
      1. A Cohort member is collaborating with the Brazos County Sherriff’s Department in RHP 17 to share best practices presented at the HHSC Summit.
   6. The Cohort is using PDSA in the development of the regional guide.
   7. If interested in becoming a Cohort member, contact the Anchor team.
5. **“Raise the Floor” – Providers Discuss Topic Areas and Open Discussion (9:15-9:55 a.m.)**
6. Project Spotlight (9:15-9:30 a.m.) - “PDSA as CQI Tool for Improving DSRIP Project Success” - *Kim Schroeder, Scott & White Llano* (SW-Llano)
7. Scott & White Llano is implementing 2 DSRIP projects in Llano County using PDSA cycles for improvement:
   * 1. Reducing sheriff department transport of behavioral health patients
     2. Reducing emergency department (ED) use or non-emergent conditions
8. Kim found the [RHP 8 PDSA Overview and Template](http://www.tamhsc.edu/1115-waiver/rhp8/lc/cohort.html) resource helpful.
9. She presented the PDSA/DSRIP Project information to EMS staff within a 10-15 minute presentation during a standing EMS staff meeting.
   * 1. She reviewed PDSA cycles with the EMS crew and director who were making home visits to patients who were either recently discharged from the hospital or were frequent users of the ED. They serve an older population who is isolated, lonely, and scared. They found using a checklist to be helpful for staff to identify patient needs and collect feedback data (e.g., when a patient would like another home visit and what services were being provided in the home). Kim is also working with EMS to create a community resource list that identifies resources for services (e.g., behavioral health, children’s services, transportation, meal assistance, etc.). The resource guide will be used by patients to know who to call rather than dialing 911.
     2. Kim requires limited time from EMS staff as they are the direct care providers. EMS staff has been providing suggestions for the patient checklist and resource list, and they are excited to help with the DSRIP project.
     3. The PDSA cycles include the project’s metrics as reminder of DSRIP goals and necessary data collection.
10. Innovator Agent (9:30-9:45 a.m.)

“Best Practices Across the State – Process Mapping and Improving DSRIP Project Efficiencies in RHP 7”

*Dayna Fondell, Program Specialist, Community Care Collaborative:* [*dayna.fondell@centralhealth.net*](mailto:dayna.fondell@centralhealth.net)

1. Dayna is a nurse and DSRIP Program Specialist with RHP 7 – Central Health.
2. The following two examples provide insight into “Clinical & Non-Clinical Workflow Observation and Analysis of DSRIP Project Protocols” created by the Community Care Collaborative for the subcontracted Provider sites.
3. Dayna shared how they used observation and the feedback gained, as well as the impact/insight on the processes related to further DSRIP project planning.
4. Example 1: Planned Parenthood – Providing STD testing and Long Acting Reversible Contraception
5. Example 2: Community Health Worker (CHW)/Paramedic Program
6. Overall Process: Central Health clinical staff member would “shadow” the patient’s office visit from check-in to check out as well as go on “ride-alongs” with EMS staff. The non-clinical Central Health staff member would “shadow” mainly the office/front desk staff. Both projects were seeing low QPI numbers and these activities helped to identify if the protocols were understood, implemented by the staff, and if they needed modification.
7. Outcomes: Streamlined the patient screening process. Advocated for new software from the IT division. Opened the lines of communication between the front line staff and the Central Health staff by answering project and protocol-related questions. Trust and confidence in the DSRIP project staff was acquired as front line staff felt they have a partner/advocate.
8. Innovator Agent (9:45-9:50 a.m.)

“Best Practices Across the State – Key Takeaways from RHP 16 Learning Collaborative”  
*Michael Pinon, Central Counties Services*

1. Learning Collaborative was hosted by RHP 16 Anchor team Thursday, 9/25th, in Waco.
2. The event was focused on diabetes care management.
3. Common issue: Patient engagement, making follow-up appointments, access to supplies
4. Solutions:
   * 1. Transportation: Car pools, cabs, buses
     2. Supply access: 24 hour pharmacies in area; some pharmacies deliver supplies within 40 mile radius
     3. Patient Engagement: Diabetes 101 classes held from 5 - 7 p.m.; Train-the-Trainer: IGT Entity financially supported a local hospital that had diabetes educators to offer train-the-trainer programs for Providers in the area
5. Open Discussion (9:50-9:55 a.m.)

**IV. Next Steps/Adjourn (9:55-10 a.m.)**

1. Next call scheduled: Tuesday, October 14, 2014, 9-10 a.m.
2. Anchor team contact information:
   1. Angie Alaniz

(979) 458-1594; [alalaniz@sph.tamhsc.edu](mailto:alalaniz@sph.tamhsc.edu)

* 1. Jennifer LoGalbo

(512) 341-4962; [logalbo@tamhsc.edu](mailto:logalbo@tamhsc.edu)

* 1. Gina Lawson

(512) 341-4975; [glawson@tamhsc.edu](mailto:glawson@tamhsc.edu) (available M-F, 8:30 a.m. -1:30 p.m.)

1. **Upcoming HHSC Webinars:**

Although webinars are not mandatory, the Anchor team encourages Providers have at least one person on each call who is both familiar with the projects and will be working closely on the DY3 October reporting process.

**Quantifiable Patient Impact (QPI): Wednesday, October 1, 2014, 10:30AM - 12:00PM**

To join the online meeting:

1) Go to [**Join WebEx meeting**](https://tmf.webex.com/tmf/j.php?ED=34304628&UID=0&RT=MiM3)

2) Click on Attend Meeting

3) Enter Meeting Number: **280 478 319** (no password necessary)

4) Call **800-396-3172**

**Category 3 Baselines: Thursday, October 2, 2014, 2:00PM - 3:30PM**

To join the online meeting:

1) Go to [**Join WebEx meeting**](https://tmf.webex.com/tmf/j.php?ED=34304628&UID=0&RT=MiM3)

2) Click on Attend Meeting

3) Enter Meeting Number: **280 429 402** (no password necessary)

4) Call **800-396-3172**

**General Reporting Guidance: Monday, October 6, 2014, 10:30AM - 12:00PM**

To join the online meeting:

1) Go to [**Join WebEx meeting**](https://tmf.webex.com/tmf/j.php?ED=34304628&UID=0&RT=MiM3)

2) Click on Attend Meeting

3) Enter Meeting Number: **287 719 074** (no password necessary)

4) Call **800-396-3172**