**Regional Healthcare Partnership 8**

 **Monthly Conference Call**

 **Tuesday, December 8, 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 NadolskiMorgan StarrLisa CarsonAmy PierceKristen TobeyBeth McClary |
| Center for Life | N/A |
| Central Counties Services | Tia MaysDonna FlanneryNicole Williams |
| Hill Country MHMR | Kristie Jacoby |
| Little River Healthcare | George DeReese |
| Baylor Scott & White | MaryEllen BondKim Schroeder |
| Seton Harker Heights | Zach Dietz |
| Seton Highland Lakes | Cindy SanchezShannon Robertson |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Matt Richardson |
| RHP 8 Anchor Team | Jennifer LoGalboGina Lawson |
| Other Stakeholders | Michelle Covarrubias – Williamson County EMS |

**Minutes**

1. **Welcome and Introductions**
2. **Recap of RHP 8 Learning Collaborative Opportunities from 2015**
3. **Behavioral Health and Primary Care Cohort**[**http://www.tamhsc.edu/1115-waiver/rhp8/lc/cohort.html**](http://www.tamhsc.edu/1115-waiver/rhp8/lc/cohort.html)
* The Cohort is a team of RHP 8 providers who are actively implementing behavioral health and/or primary care projects; it is comprised of individuals representing hospitals, public health districts, LMHAs, EMS, co-facilitators, other community members, and the Anchor.
* During DY4, the Cohort met numerous times to discuss a number of issues identified by participants, and they chose to focus on identifying resources for payment of medication for indigent patients, especially to cover the 7-day gap that typically exists upon discharge from the hospital.
	+ To address this area, one Cohort member visited the HOGG Foundation in Austin and researched grants available for healthcare providers to cover this gap, and the Anchor worked with our sister Anchor, RHP 17, to have a non-profit share their best practices and lessons learned with Cohort members.
* **Next Cohort Meeting: Wednesday, January 20, 2016, 11:30 a.m. - 1:30 p.m. at Bluebonnet Trails in Round Rock**
1. **Two, Face-to-Face Learning Collaborative Events**
* The RHP 8 Anchor hosted two face-to-face learning collaborative events in February and August, totaling more than 100 people in attendance. We brought together stakeholders from across the state to focus on behavioral health and continuous quality improvement.
* The Anchor has already started planning the first, DY5 face-to-face learning collaborative for the spring. As details are finalized we will share that information with you all.
* **At this time we are in need of a sponsor for the lunch. Please contact us if your organization would like to underwrite lunch and be recognized as the event sponsor.**
1. **Monthly Conference Calls**[**http://www.tamhsc.edu/1115-waiver/rhp8/lc/calls.html**](http://www.tamhsc.edu/1115-waiver/rhp8/lc/calls.html)
* During DY4 the Anchor hosted monthly conference calls to promote shared learning and improve communications across providers throughout the region. Topics addressed on monthly calls during DY4 included: components of project management, evidence-based practices, and health information security/cybersecurity.
1. **Google Group Discussion Forum**[**http://www.tamhsc.edu/1115-waiver/rhp8/lc/forum.html**](http://www.tamhsc.edu/1115-waiver/rhp8/lc/forum.html)
* The Anchor shared information throughout DY4 with members of the RHP 8 Google Group Discussion Forum. You do not have to have a Google account to be a part of this listserve, and we encourage you to sign up.
* If you are not a member of the Forum and would like to be added, please contact Gina.
1. **Regional Newsletters**[**http://www.tamhsc.edu/1115-waiver/rhp8/lc/archive.html**](http://www.tamhsc.edu/1115-waiver/rhp8/lc/archive.html)
* During DY4 the Anchor team continued to create and disseminate regional newsletters. Previous editions of the newsletter are archived and available online via the Newsletters and Other Regional Communications webpage.
* If you would like to be highlighted in a future newsletter, please contact Gina.
1. **Updates made to RHP 8 Website to Promote DSRIP Project Knowledge**[**http://www.tamhsc.edu/1115-waiver/rhp8/resources.html**](http://www.tamhsc.edu/1115-waiver/rhp8/resources.html)
* The Interactive Tool was published on the RHP 8 website in July 2015, and we have received a lot of positive feedback from people who have used the tool. It offers an overview of DSRIP projects in the region, and it offers a breakdown by geographic region, provider, provider type, and Category 3 focus.
* The Discover DSRIP webpage is an opportunity to house a central location of newsletter highlights, videos, email and website links, as well as other information listed by DSRIP provider and by project. This webpage is opportunity to showcase community and patient impact stories. Please check out this webpage and provide us with your feedback.
1. **Managed Care Organization (MCO) and DSRIP Alignment Information and Feedback**
* There are many benefits to collaborations for both MCOs and DSRIP providers. For MCOs, some DSRIP projects align to help MCOs reach their performance improvement project (PIP) goals. For DSRIP, aligning projects with MCOs is a step towards sustainability beyond the Waiver and helps to improve the overall health of shared members.
* Open discussion.
	+ Interest from providers about attending an MCO meet and greet in the region, similar to 2-hour event done in other region (RHP 7).
1. **“Raise the Floor” – Focus Areas and Open Discussion**
2. **Providers Share Updates on DSRIP Projects from DY4**

Renee Stewart, 1115 Waiver Project Manager – Bell County Public Health District (BCPHD) rstewart@bellcountyhealth.org

* Bell County has high chlamydia and gonorrhea rates.
* The purpose of Cat 2.1 (males) and 2.2 (females) DSRI projects is to increase access to STD testing and treatment.
* BCPHD expanded the number of days and time that STD testing and treatment were provided. There were low client numbers when the services first expanded. BCPHD advertised in newspapers, put up banners outside the clinics, opened a Facebook page, notified community partners, and distributed fliers in the community.
* In February of DY3, BCPHD advertised on the radio a "Free February" where all clients were seen for no administration fee. The number of clients seen that February almost tripled over other months. This served to increase clients served, but also showed us that the advertising methods worked. BCPHD exceeded its clients served goal in DY3. In DY4, BCPHD did not host a “free February”. BCPHD exceeded the clients served DY4 goal, but did not exceed the goal as much as they had in DY3. BCPHD plans to advertise a “free” month via the radio in DY5.
* BCPHD opted to change their Cat 3 project (when HHSC allowed changes) from a STD retesting project to a patient satisfaction survey because they had difficulty getting clients to return for retest. BCPHD added the following open ended survey questions: What do you like best about our clinic, what do you like least about our clinic and suggestions for improvement.
* With the help of Social Media, outreach seminars, and other innovative strategies the Health District feels certain that we will continue to meet and exceed our goals in the future.

George DeReese, Assistant Chief Financial Officer – Little River Healthcare, gdereese@lrhealthcare.com

* The Little River team implemented two DSRIP projects, one aimed at increasing specialty care in that region, and the second is the Clinics in Schools project which received an Employers for Education Excellence Award, along with a congratulatory letter from the State Board of Education.
* Clinics in Schools project is still going strong; one challenge is convincing parents to have child see a nurse practitioner vs. taking time out of day to visit a doctor. Some residents are still utilizing ED to see a doctor. Even with expansion of clinic hours, some patients have to wait until the next day for an appointment if they call too late in the day.
* Cat 3, breast cancer screening – Little River extended half price mammograms from just October into November.
1. **Open Discussion**
* Matt – WCCHD

Did BCPHD encounter any push back to promoting STD testing on radio, etc.?

Renee – No

* Jennifer – RHP 8 Anchor

What was the most beneficial way to promote projects in Bell County?

Renee – Radio was the best mode of advertising; looking at joining Instagram as well as Facebook.

1. **Next Steps/Adjourn**

Next Conference Call: **Tuesday, January 12, 10:00-11:00 a.m.**