REGION 9
SHARED EXPERIENCE AND LEARNING KICK-OFF

January 14, 2014
Hosted by Parkland Health & Hospital Systems – RHP 9
Welcome & Introductions

Christina Mintner
Vice President, Anchor & 1115 Waiver
Parkland Health & Hospital System
AGENDA

• Waiver 101
• RHP9 Overview
• Performance Logic
• RHP9 Highlights
• Learning Collaborative Summary
• Break-Out
• Next Steps
Waiver 101
Breaking Down the Waiver

- September 2011: Expansion of Managed Medicaid throughout Texas to achieve cost savings

- Centers for Medicare and Medicaid Services (CMS) does not allow Upper Payment Limits (UPL) payment when Medicaid is provided through Managed Care. Texas stood to lose $2.5 billion annually, $12.5 billion over 5 years.

- Through HHS, Texas proposed to CMS a waiver of Section 1115 of the Social Security Act, to preserve the funds that would have been lost.

- Waivers: An option for States to test new or innovative ways to deliver and pay for health care services in Medicaid & CHIP.
CMS Approves Waiver

• December 2011: CMS approved a 5-Year Demonstration Project

• **Five Year Demonstration Project – “Texas Healthcare Transformation and Quality Improvement Program”**

• Term: October 1, 2011 to September 30, 2016

• Possible 3-Year Renewal

• Funding: Valued at $29 billion for all of Texas

• Payment:
  - Uncompensated Care (UC) Pool
  - Delivery System Reform Incentive Payment (DSRIP) Pool
Triple Aim of the Waiver

• Improve Care for Individuals
• Improve the Health of the Population
• Lower Costs
Benefits to Texas

• Innovative health care delivery system
• Operate a funding pool to reimburse providers for uncompensated care costs previously obtained through UPL
• Incentive payments to participating hospitals that implement and operate delivery system reform
• Support development and maintenance of a coordinated care delivery system
Waiver Payment Structure

Historic Supplemental Medicaid Dollars (UPL)

Medicaid 1115 Waiver

- Uncompensated Care
- Help defray uncompensated care costs
- DSRIP
  - At Risk dollars based on project and goal attainment
Payment Pools

**Uncompensated Care (UC) Pool**
- Payments are not at risk
- No projects
- No incentives
- Submit an annual report
- Payments are reimbursed for indigent care that has already been delivered

**Delivery System Reform Incentive Payment (DSRIP) Pool**
- Incentive payments given for achievement of metrics
- Transform health care delivery
- Increase access to care
- Improve quality
- Enhance health of patients, family, region
- Dollars at risk
- Target uninsured and Medicaid patients
- Projects must be for new or expanded services
Waiver Funding Breakdown
$29 Billion

Uncompensated Care ("UC"): Cost-based Supplemental Payment

Delivery System Reform Incentive Payment: Performance Based Incentive Payment

Average over 5 Years
UC Funding: 60%
DSRIP Funding: 40%
## Pool Allocation by DY

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>UC</td>
<td>3,700,000,000</td>
<td>3,900,000,000</td>
<td>3,534,000,000</td>
<td>3,348,000,000</td>
<td>3,100,000,000</td>
<td>$17,582,000,000</td>
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<tr>
<td>DSRIP</td>
<td>500,000,000</td>
<td>2,300,000,000</td>
<td>2,666,000,000</td>
<td>2,852,000,000</td>
<td>3,100,000,000</td>
<td>$11,418,000,000</td>
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<tr>
<td>Total/DY</td>
<td>4,200,000,000</td>
<td>6,200,000,000</td>
<td>6,200,000,000</td>
<td>6,200,000,000</td>
<td>6,200,000,000</td>
<td>$29,000,000,000</td>
</tr>
<tr>
<td>% UC</td>
<td>88%</td>
<td>63%</td>
<td>57%</td>
<td>54%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>% DSRIP</td>
<td>12%</td>
<td>37%</td>
<td>43%</td>
<td>46%</td>
<td>50%</td>
<td>40%</td>
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</table>
Q & A
Regional Healthcare Partnerships

• Under the waiver program, eligibility to receive payments from either of the funding pools requires participation in a designated Regional Healthcare Partnership (RHP).

• 20 RHP regions were established throughout the state.

• Each RHP is “anchored” by a public hospital or other governmental entity.

• The Anchor is responsible for coordinating with other participating entities in the development of the RHP plan and for being the single point of contact for reporting with HHSC.

• Anchors do not control the flow of funds.
DSRIP Participating Roles

- **Anchoring entity**
  - Specified to be the region’s hospital district
  - Regional administrative coordinator
  - Point of contact for HHSC

- **Participating provider**
  - Eligible providers, current Medicaid Provider
  - Perform projects
  - Eligible for payment upon completion of milestone and metrics

- **Intergovernmental Transfer (“IGT”) entity**
  - Provide the non-federal share of funding
  - Have available public funds
The definition of insanity is to keep doing the same thing and expecting a different result.
DSRIP Projects

• Primary mechanism for transforming health care for underserved populations
  • Improve client experience
  • Increase access & quality
  • Better manage costs in Medicaid and indigent programs
  • Provide plans, baseline data, timeframes
• Projects had to be new or expansion of existing initiatives
• CMS provided the Menu (guidelines) for the DSRIP Projects
DSRIP Menu

1. **Infrastructure Development:** Lays the foundation for delivery system transformation through investments in technology, tools, and human resources that will strengthen the ability of providers to serve populations and continuously improve services.
   - Ex: Expand primary care capacity by opening more clinics, hiring more providers

2. **Program Innovation & Redesign:** Includes the piloting, testing, and replicating of innovative care models
   - Ex: Expand patient care navigation by implementing ED-based nurse navigator to assist care coordination & avoid unnecessary ED visits

3. **Quality Improvements:** Includes outcome reporting and improvements in care that can be achieved within four years
   - Ex: By establishing more primary care clinics we will improve patient satisfaction (more timely appointments) and also improve quality measures

4. **Population Focused Improvements:** The reporting of measures that demonstrate the impact of delivery system reform investments under the waiver.
   - Ex: Develop BH crisis stabilization services that will lead to ED appropriate utilization
DSRIP Design

Intervention Projects | Outcome Measures | Population Improvement

Category 1 – Infrastructure Development
Category 2 – Innovation and Redesign
Category 3 – Clinical Outcomes
Category 4 - Reporting

Percent of Funding

DSRIP Funding Distribution

- Intervention Projects: ~55%
- Outcome Measures: ~33%
- Population Improvement: ~12%
Reporting / Payment Schedule

• Reporting Period # 1
  • October 1 to March 31
  • Report Due: April 30
  • Payment: July / August

• Reporting Period # 2
  • April 1 to September 30
  • Report Due: October 31
  • Payment: January

• Local funds (IGT) are transferred and DSRIP payments made
Q & A
RHP 9 Perspective
Where Our Journey Began...

- November 2011: Parkland reaches out to Dallas Medical Resource (DMR) for assistance in the regional healthcare partnership and plan
- December 2012: Final RHP9 plan submitted
- March 2013: Revised plan was submitted
- October 2013: Submission of Learning Collaborative
- Approved 5-Year Plans: 115
- March 2014: Full Submission of Plan
RHP9 Performing Providers

- Public Hospital: Parkland Health and Hospital System
- Academic Health Center: UTSW
- Hospitals: Baylor, HCA, Methodist, Tenet, THR, Timberlawn
- Children’s Hospital: Children’s Medical Center
- Local Health Departments: Dallas County HHS, Denton County HHS
- Community Mental Health Centers: Denton County MHMR, Metrocare, Lakes Regional MHMR
- Physician Practice Plans: TAMU Baylor College of Denistry
# RHP9 vs Texas

<table>
<thead>
<tr>
<th></th>
<th>RHP9</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties</td>
<td>3</td>
<td>254</td>
</tr>
<tr>
<td>Geography (sq miles)</td>
<td>2,530.41</td>
<td>261,231.71</td>
</tr>
<tr>
<td>Low Income Population</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>DSRIP Allocation %</td>
<td>14.29%</td>
<td>100%</td>
</tr>
<tr>
<td>DSRIP Allocation Dollars</td>
<td>$1,631,269,075</td>
<td>$11,418,000,000</td>
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</table>
RHP 9 Community Health Needs Assessment Priorities

- Primary Care and Specialty Care Capacity
- Behavioral Health - Adult, Pediatric and Jail Populations
- Chronic Diseases Management - Adult and Pediatric
- Patient Safety and Hospital Acquired Conditions
- Emergency Department Usage and Readmissions
- Palliative Care
- Oral Health
Region Nine Priorities

Community Needs Assessment
- Primary and Specialty Capacity
- Behavioral Health Design and Capacity
- Palliative Care Capacity
- Oral Health Capacity
- Chronic Disease Management
- Emergency Department Over Use
- Inpatient Readmissions
- Patient Safety / Hospital Acquired Conditions

Triple Aim
- Focus on individuals and families
- Redesign primary care services and structures
- Population health management
- System integration and execution
- Cost control platform
- Improve the patient experience
- Improve the health of populations
- Reduce the per capita costs of health care

Improve Access to Health Care Services
- Improve Care Coordination and Management
- Improve Provider Quality, Cost and Outcome Performance
## RHP9 DSRIP Project Breakdown by Provider

<table>
<thead>
<tr>
<th>Performing Provider</th>
<th>5-Year</th>
<th>3-Year</th>
</tr>
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<tbody>
<tr>
<td>Baylor Health Care System</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Children’s Medical Center</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Dallas County HHS</td>
<td>3</td>
<td>0</td>
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<tr>
<td>Dallas County – Metrocare</td>
<td>7</td>
<td>5</td>
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<tr>
<td>Denton County HHS</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Denton MHMR</td>
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<td>0</td>
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<tr>
<td>Denton Regional Medical Center</td>
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<td>0</td>
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<tr>
<td>HCA</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Lakes Regional MHMR</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Methodist Health Care System</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Parkland Health &amp; Hospital System</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>Tenet Healthcare</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Texas A&amp;M / Baylor College of Dentistry</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Texas Health Resources</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Timberlawn</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>UT Southwestern Medical Center</td>
<td>17</td>
<td>2</td>
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<tr>
<td>TOTAL</td>
<td>115</td>
<td>16</td>
</tr>
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RHP 9 DSRIP Projects Overview – Cat 1 & 2

Redesign: 55%

- Redesign Reduce Cost (4%)
- Chronic Care Mgt (6%)
- Care Transitions (6%)
- Apply PI Methods (5%)
- Expand Medical Homes (8%)
- Patient Navigation (9%)

Infrastructure: 45%

- Expand Primary Care (16%)
- Expand Specialty Care (6%)
- Enhance PI (5%)
- Chronic Disease Registry (4%)
- Primary Care Workforce (3%)
- Telemedicine (3%)
- Other Infrastructure

Other Redesign
Palliative Care (3%)
RHP 9 DSRIP Outcomes Measures

Overview – Cat 3

- Chronic Disease Mgt (25%)
- Potentially Prev. Readmissions (20%)
- Right Care, Right Setting (19%)
- Patient Satisfaction (8%)
- Potentially Prev. Complications (5%)
- Cost of Care (5%)
- Palliative Care (4%)
- Primary Prevention (6%)
- Potentially Prev. Admissions (3%)
- All Other Outcomes (6%)
- Chronic Disease Mgt (25%)
- Potentially Prev. Readmissions (20%)
Q & A
3-Year Projects
3-Year Projects

- $213.6 million currently available to RHP 9
  - $193.8 Unused from original allocation
  - $19.8 Redistributed from other regions (14%)
- 16 projects submitted December
- Category 1: 7 projects
- Category 2: 9 projects
- Total Project Value: $196.4 million
- Projects were prioritized
# 3-Year Project Scoring

<table>
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<tr>
<th>Criteria</th>
<th>Weight</th>
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<tbody>
<tr>
<td><strong>Transformational Impact:</strong></td>
<td>25%</td>
</tr>
<tr>
<td>Degree to which project meets waiver goals</td>
<td></td>
</tr>
<tr>
<td><strong>Population Served &amp; Project Size:</strong></td>
<td>25%</td>
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<tr>
<td>Degree to which project serves low-income, uninsured population</td>
<td></td>
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<tr>
<td><strong>Alignment with CHNA:</strong></td>
<td>20%</td>
</tr>
<tr>
<td>Degree to which project will result in significant improvement in need identified in CHHA</td>
<td></td>
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<tr>
<td><strong>Cost Avoidance:</strong></td>
<td>10%</td>
</tr>
<tr>
<td>Degree to which project will significantly impact health care costs or health resources effectiveness for RHP9</td>
<td></td>
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<tr>
<td><strong>Partnership Collaboration:</strong></td>
<td>10%</td>
</tr>
<tr>
<td>Degree to which project leverages and/or enhances other RHP9 DSRIP projects, or demonstrates collaboration among entities</td>
<td></td>
</tr>
<tr>
<td><strong>Sustainability:</strong></td>
<td>10%</td>
</tr>
<tr>
<td>Degree to which project will be sustained beyond Waiver period</td>
<td></td>
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</table>
Proposed Three-Year Projects by Category

- Behavioral Health: 63%
- Specialty Care: 19%
- Dental Care: 6%
- Primary Care: 6%
- Chronic Disease Management: 6%
2013 Year In Review
SUCCESS

WHAT PEOPLE THINK IT LOOKS LIKE

SUCCESS

WHAT IT REALLY LOOKS LIKE

more awesome pictures at THEMETAPICTURE.COM
August vs. October Reporting

- **Milestones Approved**
  - August: 130
  - October: 547

- **Performing Providers**
  - August: 16
  - October: 24

- **Payment**
  - August Received: $61.9 million
  - October Projected: $163.6 million
DY2 Challenges

• Continuing Development of DSRIP Requirements
• Lack of Project Management Staff
• Ability to Recruit Qualified Health Care Professionals
• Lack of Infrastructure to Collect and Report Required Data
DY2 Lessons Learned

• Consistent Communication
• Adaptable & Flexible
• Collect, Validate, and Document Data
• Education
• Building Partnerships
• Patient Feedback
• Overall Process & Resource Management
Q & A
RHP9 Project & Data Management

Performance Logic

“Insufficient facts always invite danger.”

- Spock, Space Seed, Stardate 3141.9, Episode 24
What is Performance Logic?

Performance Logic developed **DSRIP Tracker** to help healthcare organizations and regional partnerships that have received a Medicaid 1115 Waiver with successful DSRIP project implementation and completion. In 2011 Performance Logic began working with several hospitals in California; currently over 150 healthcare organizations across California and Texas use **DSRIP Tracker**. It has all the features necessary to meet the requirements of 1115 Waivers and to facilitate project success.

**Use DSRIP Tracker to:**

- Build project plans with DSRIP-specific project templates
- Track projects and milestones by category
- Implement standardized performance measures
- Generate DSRIP status reports by Category, Year, and Responsibility
- Monitor financial incentive program performance
Performance Logic Features

- Web-based delivery for ease of installation and 24/7 availability
- Project intake and prioritization
- Project plan development and tracking
- Real-time status dashboards and updates
- Meeting planning with agendas and minutes
- Task assignments and team communications
- Project, department, facility, and enterprise-wide reporting
- Resource allocation and management
- Secure user logins with flexible permissions for information sharing and control
- Ability to export project outputs in a variety of formats
Detailed project plans can be developed to identify work steps, including task assignments and target completion dates. Automatic progress updates can be scheduled.

<table>
<thead>
<tr>
<th>Number</th>
<th>Project Plan</th>
<th>Length</th>
<th>Est. Start</th>
<th>Est. Complete</th>
<th>Status</th>
<th>Percent Complete</th>
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<tbody>
<tr>
<td>1</td>
<td>- 1.3.1 - Implement and use chronic disease management registry functionalities</td>
<td>1071D</td>
<td>04/02/12</td>
<td>05/09/16</td>
<td>In Progress</td>
<td>38%</td>
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<td>1.1</td>
<td>- initiate</td>
<td>311D</td>
<td>04/02/12</td>
<td>06/10/13</td>
<td>In Progress</td>
<td>98%</td>
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<tr>
<td>1.2</td>
<td>- Business analysis</td>
<td>284D</td>
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<td>05/02/13</td>
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<td>100%</td>
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<tr>
<td>1.2.1</td>
<td>- Form committee to identify requirements for registry</td>
<td>44D</td>
<td>04/02/12</td>
<td>05/31/12</td>
<td>Completed</td>
<td>100%</td>
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<tr>
<td>1.2.2</td>
<td>- Evaluation of Products to deliver clinical intelligence tools (registries)</td>
<td>90D</td>
<td>05/01/12</td>
<td>10/04/12</td>
<td>Completed</td>
<td>100%</td>
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<tr>
<td>1.2.3</td>
<td>- Demonstrate for Planning</td>
<td>5D</td>
<td>04/10/13</td>
<td>04/10/13</td>
<td>Completed</td>
<td>100%</td>
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<td>1.2.4</td>
<td>- Demonstrate for CMA</td>
<td>1D</td>
<td>05/02/13</td>
<td>05/02/13</td>
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<td>100%</td>
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<td>1.3</td>
<td>- Registry capabilities assessment</td>
<td>50D</td>
<td>04/02/13</td>
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<td>Completed</td>
<td>100%</td>
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<tr>
<td>2</td>
<td>- Plan</td>
<td>76D</td>
<td>06/11/13</td>
<td>09/23/13</td>
<td>Completed</td>
<td>100%</td>
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<td>2.1</td>
<td>- Milestone 1</td>
<td>36D</td>
<td>06/11/13</td>
<td>07/29/13</td>
<td>Completed</td>
<td>100%</td>
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<td>2.1.1</td>
<td>- Create cross-functional team</td>
<td>15D</td>
<td>06/11/13</td>
<td>07/01/13</td>
<td>Completed</td>
<td>100%</td>
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<td>2.1.2</td>
<td>- Develop project plan</td>
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<td>07/02/13</td>
<td>07/15/13</td>
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<td>100%</td>
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<tr>
<td>2.1.3</td>
<td>- Submit documentation of personnel assigned to develop the registry</td>
<td>10D</td>
<td>07/16/13</td>
<td>07/20/13</td>
<td>Completed</td>
<td>100%</td>
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<td>2.1.4</td>
<td>- Milestone 1</td>
<td>0D</td>
<td>07/29/13</td>
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<td>2.2</td>
<td>- Milestone 2</td>
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<td>08/19/13</td>
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<td>2.2.1</td>
<td>- Evaluate existing registry</td>
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<td>07/30/13</td>
<td>08/05/13</td>
<td>Completed</td>
<td>100%</td>
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<tr>
<td>2.2.2</td>
<td>- Submit documentation of evaluation</td>
<td>10D</td>
<td>08/06/13</td>
<td>08/19/13</td>
<td>Completed</td>
<td>100%</td>
</tr>
<tr>
<td>2.2.3</td>
<td>- Milestone 2</td>
<td>0D</td>
<td>08/19/13</td>
<td>08/19/13</td>
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<td>100%</td>
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<td>2.3</td>
<td>- Milestone 3</td>
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<td>08/20/13</td>
<td>09/23/13</td>
<td>Completed</td>
<td>100%</td>
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<tr>
<td>3</td>
<td>- Cat 3 [P-1]: Project planning – engage stakeholders, identify current capacity and needed resources, determine</td>
<td>1D</td>
<td>04/02/12</td>
<td>04/02/12</td>
<td>Completed</td>
<td>100%</td>
</tr>
</tbody>
</table>
Performance measures can be tracked for each initiative or milestone. Customized measures can be added.
The Status View provides a snapshot of performance in real time. Choose multiple measures to include in your status dashboard.
Provider Expectations

• “Clean up” of current data

• Monthly Progress Reports due 15\textsuperscript{th} of each month

• Financial updates biannually

• Report regional outcomes

• Keep up to date on PL releases
Break: 15 minutes
RHP9 Project Highlights
Dallas County Health & Human Services: Develop Behavioral Health Crisis Stabilization Services

Ron Stretcher, Director of Criminal Justice
Charlene Randolph, Criminal Justice Policy Analyst
THR Dallas: Enhance Medical Home Model: Healing Hands Ministries

Janna Gardner, President & CEO of Healing Hands Ministries
Baylor Scott & White Health: DSRIP Overview

Niki Shah, Director of Care Redesign, Project Director DSRIP
Patricia Pugh, Program Director, Chronic Disease Management
Marlena Perry, Manager, Pharmacy Program
RHP9 Learning Collaborative
What is a Collaborative?

• Done with or working with others for a common purpose or benefit; “a cooperative effort” (The Free Dictionary)

• Working together toward a common end (Answers.com)

• Bring together the performing providers to work towards achieving regional goals through common topics associated with individual projects
Learning Collaborative Purpose

• Promote strong collaborative learning and sharing which maximizes individual and collective performance within RHP9.
  - Assist in determining the sustainability and extension of the Medicaid 1115 Waiver and will demonstrate to CMS the ability of Region 9 to transform care.
  - Requirement for all regions and Performing Providers
  - Providers will need to demonstrate in reporting progress that they are participating and creating overall regional change
# CMS Learning Collaborative Key Elements

<table>
<thead>
<tr>
<th>Key Elements</th>
<th>Regional Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review data and respond to it – with tests of new solutions and ideas</td>
<td>TBD</td>
</tr>
<tr>
<td>Bring all participating sites together by phone or webinar on a weekly or bi-weekly basis to learn from one another.</td>
<td>Monthly status calls, Cohort Workgroups, Regularly scheduled newsletters, Webinars</td>
</tr>
<tr>
<td>Set one or two quantifiable, project-level goals, with a deadline, preferably defined in terms of outcomes, related to the project’s area of work.</td>
<td>TBD by LC Cohort Workgroups</td>
</tr>
<tr>
<td>Invest more in learning than in teaching</td>
<td>Leaning Sessions/Action Periods</td>
</tr>
<tr>
<td>Support a small, lightweight web site to help share ideas and simple data over time.</td>
<td>Website is under revision</td>
</tr>
<tr>
<td>Set up simple, interim measurement systems, based on self-reported data and sampling that can be shared at the local level and are sufficient for the purposes of improvement.</td>
<td>Defined measurements will be shared region wide on an ongoing basis through Cohort workgroups, face-to-face events, and Project Management Software.</td>
</tr>
</tbody>
</table>
# CMS Learning Collaborative Key Elements

<table>
<thead>
<tr>
<th>Key Elements</th>
<th>Anchor Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employ individuals to travel from site to site in the network to rapidly answer practical questions about implementation and harvest good ideas and practices that are systematically spread to others.</td>
<td>The anchor team and the Learning Collaborative Liaisons will be available and actively engage with performing providers to meet these needs.</td>
</tr>
<tr>
<td>Set up face-to-face learning (meetings or seminars) at least a couple of times a year.</td>
<td>There will be two face-to-face shared learning experiences per year, in addition there will be two shared learning experience webinars per year.</td>
</tr>
<tr>
<td>Celebrate success every week</td>
<td>Monthly status calls, Cohort Workgroups, Regularly scheduled newsletters, Webinars</td>
</tr>
<tr>
<td>Mandate some improvements (simple things that everyone can do to “raise the floor” on performance) and it should unleash vanguard sites to pursue previously unseen levels (”raise the bar” on performance”)</td>
<td>This will be defined by the analysis of the data gathered by DFWHC in collaboration with the Anchor and Learning Collaborative Committee</td>
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<tr>
<td>Use metrics to measure success such as: Rate of testing, rate of spread, time from idea to full implementation, commitment rate (rate at which 50% of organizations take action for any specific request), number of questions asked per day, network affinity/reported affection for the network.</td>
<td>Measures will be determined based on defined Cohort workgroups and Learning Collaborative Committee feedback.</td>
</tr>
</tbody>
</table>
RHP9 Learning Collaborative Plan

- Incorporated suggestions from CMS and HHSC
- Provides general roadmap for process
- Each participating provider at the minimum has a blanket statement in each project that states they will participate in the region-wide learning collaborative as appropriate.
- Agreed on by the Region 9 Oversight Committee
- Development of Learning Collaborative Committee (LCC)
Learning Collaborative

You can only elevate individual performance by elevating that of the entire system. - W. Edwards Deming
RHP 9 - Learning Collaborative Structure

**DATA ANALYTICS**

**GROUP TYPE**

**COHORTS**

**Cohort 1: Access**
- Cohort Lead: TBD

**Cohort 2: Behavioral Health**
- Cohort Lead: TBD

**Cohort 3: ED/Readmissions**
- Cohort Lead: TBD

**Cohort 4: Chronic Disease**
- Cohort Lead: TBD

**FOCUS AREAS**

- **Category 1/2**
  - New Clinics
  - Expand Primary Care Capacity
  - Expand Specialty Care Capacity
  - Dental Care
  - ED Navigation
  - Expand/Establish New Services
  - Care Management
  - Decrease Mental Health (Re)Admissions
  - ED Navigation
  - Establish Medical Homes
  - Transition of Care
  - Decrease ED Admissions
  - ED Navigation
  - Expand/Develop Chronic Care Mgmt. Models
  - Develop/Expand Registries
  - ED Navigation

**TRANSFORMATION CONCEPTS (PROPOSED)**

- **Category 3**
  - HEDIS and Preventive Services
  - Increased Patient Satisfaction
  - Improvement in Disparate Health Outcomes
  - Access to Telemedicine/Telehealth
  - Integrate BH (Counseling and Treatment) into Primary Care Settings
  - Increase Access/Use of Substance Abuse Programs
  - Increase Number of Patients in Preventive Programs
  - Alignment of ED Patients with Medical Homes/Primary Care
  - Increase Access/Use of Substance Abuse Programs/Care
  - Develop Health Education/Promotion Programs for ED Utilization Reduction
  - Diabetes (or Other Disease) Control Program
  - Chronic Care Registries
  - Develop Chronic Care Education/Promotion Programs
  - Medication Management Programs

**OUTCOMES**
RHP 9 Learning Collaborative Cohort Participants

- Types of Individuals in Cohort/Collaborative Workgroups:
  - Project Manager
  - Project Clinical Lead
  - Project Operational Lead
  - Other Operational/Front Line Staff as appropriate

- Time Commitment per Month:
  - Determined by Cohort
  - Possible time commitment of 5-7 hours per month and may vary based on your role in the Cohort.
  - Activities may include meetings, pre-work, phone calls, etc.
  - Meetings do not have to be in person, they can be conducted via webinar or phone conference.
Learning Collaborative Committee (LCC)

- Governs the conduct of the RHP9 formal learning activities
- Reports to the RHP9 Executive Advisory Committee and Oversight Board.
- Provide guidance and input about the direction and outcomes
- Membership must include safety-net hospital, non-safety net hospital, county health, CMHC, & academic institution
- Co-Chaired by Region 9 Anchor and another Performing Provider Lead (Christina Mintner, Parkland, & Niki Shah, Baylor)
RHP 9 Learning Collaborative Support

• Learning Collaborative Committee to act as Liaisons for each Cohort – available to assist with questions and guidance.

• Anchor Staff is available to answer questions, get clarification from the State, identify resources as appropriate and secure subject matter experts as appropriate.
RHP 9 Learning Collaborative Activities

**Region-Wide Activities**
- Overall Waiver Progress (Individual and Collective) shared here
- Two Face-to-face events, two webinars

**Cohort Activities**

Shared Implementation Learning
- Focus on Cat 1 & Cat 2
- DY3 to DY5
- Providers share and collaborate to achieve milestones

- Improvement Collaborative
  - Outcome based (Cat 3 & Cat 4)
  - Focused in DY4 & DY5
  - Will follow IHI Collaborative model

- Ad Hoc Learning Activities: DY 3-5
Learning Collaborative Approach
Basic Design (6-12 months time frame)

Prework Phase
- LC Topic and Team Selection
  - Select LC Topic
  - Identify teaching faculty
  - Develop Change Package
  - Establish participating Network teams
  - Schedule Learning Sessions
  - Complete required Prework assignments.

Learning Sessions/Action Periods
- Learning Session 1
  - Face to Face training/meeting
  - Multiple teams
  - Primary Focus the intervention
  - Introduction to metrics
- Learning Session 2
  - All teams convene
  - In depth Model for improvement
  - Shared learning
- Learning Session 3
  - Innovations and successes shared
  - Plan for sustainability developed
  - Supervisory track

Outcomes
- Goals
  - Adoption/implementation of regional changes that support new practices
  - Documented learning process.

Action Period 1
- *PDSA Cycle
  - Monthly Cycle
  - Metrics
  - Senior Leader Call
  - Intranet/Email (listserv)
  - Visits

Action Period 2
- *PDSA Cycle
  - Metrics
  - Action Period 3
  - *PDSA Cycle
  - Metrics

Participating Provider Teams
- Remain actively involved for the duration of the Learning collaborative
- Continue Learning Sessions and Action Periods Activities as needed to document success

Adapted from Learning Collaborative Toolkit of the National Child Traumatic Stress Network – www.NCTSN.org and IHL.org
PDSA Cycle

Plan

- Develop AIM Statement
- Define Problem
- Measure Current State
- Identify Future State
- Set Goals
- Develop Action Plan

Do

- Implement Action Plan
- Track Action Plan Progress
- Report Progress

Act

- Determine steps needed to ensure sustainability.
- Implement changes on larger scale as appropriate.
- Determine how changes will be adapted into daily operations.
- Handoff to responsible operational leaders
- Report Progress
- Celebrate

Study

- Measure Improvement
- Make adjustments as necessary
- Identify lessons learned
- Report Progress
- Plan for larger scale/new location implementation as appropriate.
Q & A
Cohort Break-Outs: 30 minutes

- Sign-in to Break-out Cohort Workgroup
- Introductions
- Discuss Current Projects: what are you as Performing Providers focusing on in this Cohort Area
- Identify Challenges: current challenges to achieving goals
- Wish List for Subject Matter Experts: Topics/Individuals
Break-Out Sessions

• Access: Auditorium

• Behavioral Health: ARA Room

• ED/Readmissions: Medco Room

• Chronic Disease: Duke Room
Next Steps

• Learning Collaborative:
  • Provide participant names for cohorts no later than January 24, email to christina.mintner@phhs.org
  • Set cohort meeting dates
  • Identification of cohort leads

• Waiver:
  • January 17th: DY2 October reporting responses back
  • Phase 4, 3-Year Projects, Cat 3 Outcomes

• Performance Logic “clean up” and update
• New website and newsletter
Resources

• Anchor Team
  • Christina Mintner, christina.mintner@phhs.org, 214-590-4605
  • Margie Roche, margaret.roche@phhs.org, 214-590-0416

• Ongoing Communication
  • Newsletter
  • New Website
  • Webinars

• Region 9 Website: Under Revision Address will be updated soon: http://www.parklandhospital.com/whoweare/section-1115/index.html

• Region 9 SharePoint: https://sp.rhp9.net/

• Performance Logic: https://texasrhp9.perflogic.com/login/ (Specific PP members only)