



DY5 RHP 9 Annual Report  
(Pulled from reporting template for readability)

**DY5 RHP Annual Report**

The Program Funding and Mechanics Protocol (paragraph 24) requires that each RHP Anchoring Entity submit an annual report by December 15 following the end of Demonstration Years (DY) 2-5. The annual report is to be prepared and submitted using the standardized reporting form approved by HHSC. The report will include information provided in the interim reports previously submitted for the DY, including data on the progress made for all metrics. Additionally, the RHP will provide a narrative description of the progress made, lessons learned, challenges faced, and other pertinent findings.

**Please summarize the progress of the RHP during DY5 (October 1, 2015 – September 30, 2016). Information can include region wide progress of DSRIP, cross region collaboration and project specific highlights. The annual report also will summarize information for each RHP regarding metrics reporting and achievement in DY5 based on the information available prior to annual report submission.**

**For the questions below, HHSC indicates specific information that should be included, but otherwise each anchor may report as appropriate for the RHP. The RHP annual report is an opportunity to share the RHP's successes, challenges, and lessons learned for the year, which HHSC believes will be important information as the State works with CMS for waiver renewal. HHSC will share this information with CMS, as well as the data elements on the second tab of this document.**

**Your answers should address RHP governance issues (how the RHP is working together and has continued to develop over time), learning collaborative activities, and also may include individual provider or project information, particularly if there are themes across multiple providers or projects in an RHP.**

**Each anchor should submit its annual report on the DY5 RHP Annual Report Form by December 15, 2016 to HHSC (TXHealthcareTransformation@hhsc.state.tx.us).**

<b>RHP</b>	9
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**1. Describe your RHP's progress during DY5.**

This section must include:

- a summary of the regional implementation of the RHP plan, progress on meeting community needs included in the community needs assessment, and changes in DSRIP performing providers and other key stakeholders. Project specific highlights may also be included, including sustainability planning.
- major activities conducted by the RHP during DY5, including updates to the RHP's website. Information can also be provided on administrative activities, such as reporting.
- any other relevant progress updates from DY5.

Comprised of Dallas, Denton and Kaufman counties, Regional Healthcare Partnership for Region Nine (RHP9) participants include the tax-supported hospital system of the Dallas County Hospital District (Parkland Health & Hospital System, also serving as the anchor), a children's hospital (Children's Medical Center), two local health departments (Dallas County HHS and Denton County HHS), an academic institution (UT Southwestern Medical Center), two physician/dentist practice associated with a health science center (Texas A&M Health Science Center Baylor College of Dentistry and UT Southwestern Medical Center-Faculty Plan), three mental health

agencies (Denton County MHMR, Dallas County MHMR, and Lakes Regional MHMR Center), and fourteen private hospitals in the hospital systems of Baylor Scott & White, Tenet, HCA, Methodist Healthcare, and Texas Health Resources. In DY5, providers Baylor Scott & White and Tenet entered in to a joint venture. Doctor's Hospital at White Rock changed their name to Baylor Scott & White Medical Center – White Rock.

In November 2011, the Parkland's leadership requested Dallas Medical Resource's (DMR) assistance in the formation of a Dallas regional healthcare partnership and plan for the Texas Transformation and Quality Improvement Program.

Established in 1989 by the Greater Dallas Chamber of Commerce, DMR is devoted to addressing major issues impacting the health of the Region's citizens and the health care delivery system. It is a partnership between the leaders of the business community and the medical and health care community. DMR serves as the forum for these groups to work together on such issues as supporting Parkland Health and Hospital System.

On November 22, 2011, DMR responded affirmatively to Parkland's request. In partnership, Parkland and DMR successfully engaged a broad array of stakeholders in the production of the RHP9 plan. From November 2011 to September 2012, a work group and several taskforces produced the plan and ensured stakeholder inclusion and participation.

The RHP9 Work Group served as the steering committee and was responsible for the overall direction of plan development and approval of the final draft recommended to the Parkland Board of Managers. It was composed of representatives of Parkland, the performing providers and business leaders. It commissioned three task forces and a plan writing group to develop the required components of the RHP9 plan covering Dallas, Denton and Kaufman counties.

The Delivery System Redesign Incentive Pool Task Force (DSRIP Task Force) provided input on statewide protocols and made recommendations for meeting state requirements for the DSRIP projects. It worked with performing providers in the development of DSRIP projects, which became a part of the RHP9 plan.

The Uncompensated Care Pool Task Force (UC Task Force) developed recommendations on the creation of the uncompensated care pool and other related state requirements for the RHP9 plan.

The Community Need Assessment Task Force in partnership with the Dallas Fort Worth Hospital Council (DFWHC) developed the community health needs assessment (CHNA).

The Task Forces, appointed by the Work Group, were populated with representatives of RHP9 performing providers and other stakeholders. In addition to the appointed members, meetings were open to additional representatives of the stakeholder organizations. There was consistent and regular meeting attendance by all stakeholders.

The DFWHC was commissioned by Parkland to lead and staff the development of the needs assessment because of its extensive data on the region's health and healthcare delivery system. The Community Needs Assessment Task Force served as an advisory committee. It reviewed and identified the regional needs through data analysis, expert presentations, and committee discussions. The major criteria used to identify and rank regional priorities included population impact, alignment with intervention categories, and whether solutions lent themselves to

regional based approaches. The following priorities were identified as the region's major community health needs:

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

The community needs assessment was the basis for the selection of DSRIP projects included in the RHP9 plan.

The twenty-five RHP9 performing providers, as well as community and business leaders, are deeply invested in the community's needs, progression of our regional plan, and refining collaborative strategies that will best serve this region.

The formation of RHP9 plan took place over an extended period of time and was finalized in early August 2012. Throughout this formation period, there was considerable interaction with elected officials and other interested parties. It has been the intent and practice for RHP9 to maintain full transparency. The completion of the RHP9 community health needs assessment provided an opportunity to promote public awareness. It was presented to the Parkland Board of Managers in May 2012, resulting in a Dallas Morning News article.

In August 2012, Parkland created a website to provide information on the Waiver and the development of RHP9 plan. It also provides an on-line opportunity for community input.

RHP9 has held three public meetings. On the evening of November 7, 2012, RHP9 hosted a public meeting on the Pass 1 plan at the Dallas County Commissioners Court. An overview of the waiver and its potential impact on the health of Dallas, Kaufman and Denton County residents was presented. The meeting also addressed the waiver's goals to transform the delivery of health care by enhancing access and increasing the quality of care provided. Public comment was invited. In addition, at the regular Dallas County Commissioners Court meeting the preceding day (November 6th), the upcoming public meeting was highlighted, and interested parties were encouraged to attend. They were also encouraged direct questions and comments to the web site.

To provide geographic access, a second public hearing (identical in content to the first public hearing) was held in the Denton County Commissioners Court on December 18, 2012 at 6:30 p.m.

The third public hearing was on October 24, 2013 at 6 p.m. at the Dallas County Commissioners Court. The meeting presented information on the HHSC and CMS review process and on the status of the RHP9 proposed DSRIP projects. Information was provided on the proposed and prioritized New Three-Year DSRIP projects.

It has been the policy and practice of RHP9 to remain open to questions, comments and feedback throughout the plan development process. Comment periods were not restricted and feedback has been and continues to be welcomed.

After submission of the RHP9 plan, the Task Forces used to develop the plan were dissolved. Recognizing a need for ongoing collaboration of RHP9 participants and stakeholders in the implementation of the plan, a new organizational structure was put in place. It provides RHP9 participants with oversight, guidance, monitoring and engagement in the implementation of the RHP9 plan.

The RHP9 Oversight Board provides oversight, guidance, and direction in the implementation of the RHP9 plan. It is composed of CEO representatives of Parkland, the performing providers and business community leaders. The Board continued to meet regularly in DY5.

The Executive Oversight Committee reports to the Oversight Board. It provides the staff oversight; monitoring and administration of plan implementation of the subcommittees. It also is responsible for developing a stakeholder engagement plan. The Executive Oversight Committee has not met since the projects were implemented.

The Performing Providers Group is composed of representatives of all performing providers. The performing providers group meets periodically to receive updates from Parkland in its role as the anchor. It is the forum for discussion and coordination of plan revisions and implementation. And it provides an opportunity to get up dates on HHSC and CMS requirements. In DY3 learning collaborative events replaced the performing providers group.

The Finance Committee is composed of the performing providers CFOs or their designees. It is the forum for discussion and recommendations on the financial aspects of the plan including but not limited to the IGT funding and processing, and DSRIP project valuations. It also evaluated and made recommendations on the use of a performance-monitoring tool. The Committee continued to meet regularly in DY5.

RHP 9 had a successful DY5! Our 129 projects with 25 providers continued to transform healthcare in our 3-county region in the following areas:

- Chronic Care Management: 32%
- Behavioral Health: 24%
- Access to Primary Care: 20%
- Access to Specialty Care: 9%
- Process Improvement: 7%
- Health Promotion and Disease Prevention: 4%
- Improving Patient Experience: 3%
- Cost Containment: 1%

Major activities conducted by RHP 9 during DY5 include:

- Learning Collaborative Cohort, May 19, 2016. Topics included Logic Model, Program Evaluation, and Planning for Sustainability. Providers participated in a sustainability exercise.
- RHP 9 & RHP 10 2nd Annual Collaborative Connections – Impacting Care Learning Collaborative Event, February 9-10, 2016. Over 270 people attended from across the state. Topics included: Life’s Simple 7 – A Framework for Producing Health, Urban and Rural Telepsych Partnerships, Challenges to Integrating Technology in Healthcare Settings, Aligning Provider Culture, Medicaid Super-Utilizers, How to Deliver Culturally Competent Care in the Underserved, Impact of the ACA on Insurance Coverage in Texas, Behavioral Health and Substance Use Super-Utilizers, and a waiver renewal update. There were also break-out sessions on both days. Day 1 breakout

session was provider feedback on waiver renewal. Day 2 breakout session discussion of data collection/management and project evolution/expansion.

- Regional Shared Experience and Learning Collaborative Event, July 21, 2016. Topics included Motivational Interviewing, Alignment between DSRIP and Managed Care, an open discussion with regional Medicaid managed care personnel, and project updates.
- RHP 9 Gives Back Campaign: In July our providers donated toiletries for women's shelters in all 3 of our counties (Dallas, Denton, and Kaufman).
- PDSA Raise the Floor Webinar, June 16, 2016: The webinar focused on a brief review of the use of Logic Models, Program Evaluation tools, and sustainability tool. In addition UTSW highlighted their Sickle Cell DSRIP Project.
- RHP 9 webpage was maintained to be a source of reference for the providers, stakeholders, and community.
- HHSC Statewide Learning Collaborative: Representatives from all 25 of our providers attended. In addition 4 of our providers (Parkland Health & Hospital System, Children's Health System of Texas, Baylor Scott & White, and Methodist) participated in panels, peer to peer learning, and technical assistance breakout sessions.
- Clinical Champions Workgroup: RHP 9 is very well represented on the Clinical Champions Workgroup. Providers from 5 organizations participate.

Some of the major accomplishments of the RHP 9 providers are highlighted below:

#### Baylor College of Dentistry

- School-based Sealant: 68 schools participated. 4,488 children were screened and received fluoride varnish treatment, while 2,528 received dental sealants.

#### Baylor Medical Center – Carrollton

- Primary Care Expansion: Added a third van to our transportation service in DY5. The transportation service helps to decrease the amount of no shows for clinic and specialist appointments. We have also extended hours at this location. We continue to serve patients from the ED since the clinic is located in physical proximity to the ED and have seen an impact of diverting lower acuity patients to the clinic for care

#### Baylor Medical Center – Garland

- Integrated Primary Care and Behavioral Health: Several crisis situations have been averted and handled in a timely manner, and we have seen marked improvement in PHQ9 scores by as much as 50%. We have been able to address and meet the needs of patients with a variety of behavioral health diagnoses, including severe depression and dual diagnosis.

#### Baylor Medical Center – Irving

- Patient Navigation: We have expanded hours of coverage in the ED to serve a greater number of patients as well as create robust data tracking systems in our E.H.R to track patients served, whether or not an appointment was scheduled for a patient and whether or not patient attended their scheduled appointment. We are continuing the use of Care Plans, implemented in DY3, to target and flag patients who are high utilizers of the ED and manage them in order to determine the most appropriate intervention.

#### Baylor University Medical Center

- Medication Management: Our Clinical Pharmacy Team has completed the Tobacco Treatment Specialist training program through the University of Florida, and everyone has earned the TTS (Tobacco Treatment Specialist) credentials which will help the team to better manage patients with tobacco use issues and help with the Advice, Strategies and Medication portion of the Category 3 metrics for this program.

#### Children's Medical Center of Dallas

- Care Transitions: Children's Health, in collaboration with the Legal Aid of Northwest Texas, provided our first

free, advice-only Transition Legal Clinic to young adults and their parents. We continue to see many of the same challenges that are occurring nationwide with respect to insurance coverage and identifying adult providers comfortable with assuming the care of patients with chronically complex conditions.

#### Dallas County Health and Human Services

- Crisis Services Project (CSP): CSP has continued to strengthen its relationships with partners in the Dallas County Criminal Justice System and community providers. In particular, during DY5, CSP has partnered with Metrocare Services to expand the Forensic Diversion Unit (FDU) program to a new housing initiative in Dallas. FDU currently provides intensive diversion services to the most frequent recidivists in the Dallas County jail who are in need of behavioral health services.

#### Denton County MHMR

- 24-Hour Psychiatric Triage: We saw approximately 200 clients over our target QPI in our psychiatric triage program. The demand for this service continues to grow. We continue to provide appropriate recommendations for clients and linkage to appropriate treatments for care.

#### Denton County Health and Human Services

- Diabetic Education and Case Management (DECM): Education classes for the DECM project continue at high levels, averaging 40-51 per night in Denton, and up to 27-30 at the weekly classes in Lewisville. Group education in Denton is presented every Thursday night at the DCHD conference room with diabetic meal served. Group education is presented every Tuesday night through our collaboration with the American Diabetes Association (ADA) at the DCHD in Lewisville with a diabetic meal served. All group education is presented in Spanish, and individual education is presented in English or Spanish. As stated in the DY4 and April DY5 reporting, the curriculum presented is in collaboration with Texas AM AgriLife Extension, and is called, Si, Yo Puedo Controlar Mi Diabetes! This program targets Spanish speaking low literate Hispanic/Latinos with type 1 or 2 diabetes. At this year's National Health Outreach Conference in Roanoke, Virginia. Sí, Yo Puedo received the USDA National Institute of Food and Agriculture (NIFA) award as an exemplary community health program.

#### Denton Regional Medical Center

- Intervention to Reduce Sepsis Complications: Improvement in physician documentation and improvement in ED Sepsis Orderset Utilization (improved overall for 2016).

#### Doctor's Hospital at White Rock Lake (Baylor Scott & White Medical Center – White Rock)

- Medical Home: Doctors Hospital at White Rock Lake (DHWRL) has successfully established medical home criteria and training materials for referrals. Additionally, successfully implemented referral process for identified patient population from hospital to PCMH. Referral process began in August 2013 and as of September 30, 2015 a total of 1,249 referrals from DHWRL resulting in 706 patients being assigned to Mission East Dallas resulting in 1,687 patient encounters. For the twelve months of DY5, 391 unique patients were assigned and seen at Mission East Dallas.

#### Lakes Regional MHMR

- Cognitive Enhancement Therapy (CET): In DY5 there were 17 participants that graduated from CET with improved ability to fully function in life. Of the graduates 65% showed an improvement in reaction time which indicates improved attention, focus and mental processing. A quality of life enjoyment and satisfaction survey at the beginning and end of participation in the program showed improvements: 57% felt their physical health improved; 77% felt more control over their feelings; 63% were able to complete more household duties such as meal preparation and cleaning; 55% had more enjoyment in leisure activities; 55% reported improved relationships; and 91% felt their lives had improved overall. ANSA scores showed a 63% overall improvement. Late year preparations were made to expand the program into another clinic for DY6.

#### Las Colinas Medical Center

- Patient Satisfaction: We have achieved annual post visits contacts of 15,169 exceeding goal of 12,076. Overall Hospital Rating is at 70.6%, 3% better than same time last year.

#### Medical City Dallas

- Telemedicine for Stroke Treatment: We have achieved 3118 consults for specialty care thru Sept 2016. We have implemented 3 education courses for stroke education and implement 1 new site accessing telemedicine.
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#### Medical City of Lewisville

- Patient Navigation: We have enrolled 955 patients in navigation services in DY5 and made 270 PCP referrals.

#### Metrocare

- Behavioral Health Expansion: Behavioral health services were delivered for children, youth, families, and adults. Services included psychiatric evaluations, medication, counseling, rehabilitation, skills training, and case management. The number of individuals who received services through this expanded access site for the year totaled 3076. Additional staffing was budgeted and added to include two full time positions of a QMHP and Licensed Practitioner of the Healing Arts and one part time Advanced Practicing Nurse to provide the ever growing demand for enhanced services. The site continues to maintain bilingual staff with over 40% of staff speaking both English and Spanish.

#### Methodist Charlton Medical Center

- Chronic Care Management: During the first half of DY 5, diabetes project successfully partnered with the American Diabetes Association to provide group DSME classes at Methodist Charlton. These classes are free and open to DSRIP patients and their family members.

#### Methodist Dallas Medical Center

- Chronic Care Management: In addition to providing in-person education in the Emergency Department, the chronic care management (diabetes) project continued to provide Saturday DSME classes through a partnership with the local chapter of the American Diabetes Association. These classes are free and open to DSRIP patients and their family members

#### Methodist Richardson Medical Center

- Chronic Care Management: In late DY 5, both patient navigators were able to receive training on the Journey for Control curriculum and were certified as Journey for Control and Conversation Map instructors. This curriculum was developed in part by the American Diabetes Association and provides comprehensive, patient-centered education on living with diabetes. The project team plans to incorporate this curriculum into monthly classes during DY 6.

#### Parkland Health & Hospital System

- Medication Management: Expanded / added additional health educational videos and materials that target a low health literacy population and made easily accessible through SmartPhone technology, MyChart, pill bottles, and the Parkland Pharmacy internet webpage; Optimized the Penicillin allergy program, education, and transition of care to the outpatient setting; Started providing anticoagulation services to homeless patient population; Started providing MTM services at two Acute Response Clinics

#### Texas Health Presbyterian Hospital Dallas

- Primary Care Expansion – The Tri-C Clinic: Tri-C staffs a licensed social worker experienced in medical and behavioral health to meet varying needs of the clinics patients. The population served by Tri-C reflects a diverse

group of unfunded and low income patients with a long-standing pattern of barriers to regular medical care. These patients need a high level of outpatient care after hospitalization or discharge from the Emergency Department and some patients have behavioral health or substance abuse problems. The social worker conducts psychosocial assessments, provides referrals for behavioral health and substance abuse treatment, medical resources, and other needs including general low cost resources. Addressing this broad spectrum of needs helps Tri-C accomplish more successful health outcomes for patients.

Texas Health Presbyterian Hospital Denton

- Chronic Care Management: 183 patients were enrolled in the Diabetes Chronic Care Management Program in DY5 thus exceeding the goal of 150 patients. Individualized patient and family education is provided predominantly through one-on-one visits and focused on the specific needs and goals of the patients. A 31% reduction in A1c values has been achieved in those patients managed through this diabetes program and returned for follow-up testing.

Texas Health Presbyterian Hospital Kaufman

- Patient Navigation: Texas Health Kaufman has been able to add 510 patients to the navigation program for DY5. Seventy percent of these patients are uninsured. We have been very successful in identifying the patients willing to use primary care and setting them up with either a referral to Kaufman Community Clinic or making their first appointment for them.

UT Southwestern Medical Center – Faculty Practice Plan

- The VitalSign6 team continues to screen for depression in a combination of 11 charity clinics, Federally Qualified Health Centers (FQHCs), and fee-for-service clinics. The project team is continuously seeking opportunities to expand into additional clinics, some of which have approached the team after being referred by participating clinics that are pleased with the program. The team is currently in conversations with three clinics interested in the project and hope to launch at least one of these in the coming months.

UT Southwestern Medical Center – St. Paul University Hospital

- Palliative Care: More than 895 inpatient consults and 606 ambulatory clinic visits have been completed within DY5 due to the efforts of this program. The value of the program continues to be well recognized throughout the university, and its successes have created an increased demand across the hospital system for Palliative Care services. UT Southwestern has increased collaboration with chaplains for patient’s spiritual support services, as well as, completed a pilot collaborating with a pharmacy resident to provide medication reconciliation and medication counseling for patients. Due to the success of these collaborations, the Palliative Care team has developed a multidisciplinary team with its recruits during DY5 of a full time Chaplain and Social Worker.

**2. Describe lessons learned.**

This section should include lessons learned, both from regional governance perspective and learning collaborative/continuous quality improvement activities. Please include updates to the RHP learning collaborative plan, which can be provided as an attachment, and any RHP-wide learning collaborative events, including activities with other RHP's learning collaboratives.



From a regional governance perspective there were no lessons learned. As the anchor we know to be adaptable to the changes of the waiver.

The primary themes on lessons learned from RHP 9 providers include: Communication, Education, Data, Engaging Patients, Involving the Correct People in the Processes, and Using Technology to Advance. Below are a few highlights from our providers:

### **Communication**

- The need for further collaboration between staff and business associates. For instance, it wasn't until an integrated team meeting that it became aware there were problems sending lab orders and receiving results. This caused duplication in lab orders between the behavioral and medical teams. After bringing in the vendor a streamlined solution was made available. - - Metrocare Services
- The value of sharing your story and working in collaboration with like-minded organizations in the community. - Texas Health Presbyterian Hospital Dallas
- While there is a demand for the services offered through gyn specialty clinic, the team has learned that more communication about the launch to referring physicians, community resources, and the centralized scheduling center was needed well before the launch to ensure that the templates were full.—Parkland Health & Hospital System

### **Education**

- Education is an important element in building a Palliative Care Program at all levels including providers, patients and their families. The Palliative Care team has found that some physicians are reluctant to order palliative care, because they view this as “giving up” on their patient. Likewise, some patients and their families are declining palliative care because they view it as end of life care. Education on the role of Palliative Care and the distinction between hospice and/or other forms of end of life care is vital to the program’s success.—UT Southwestern Medical Center – St. Paul University Hospital
- The inertia of past training and curriculum for dental students requires close supervision and encouragement of the students to integrate various aspects of medical, dental, and behavioral health. – Baylor College of Dentistry
- Ongoing education AND timely communication with the staff is the key to success!! – Denton Regional Medical Center (HCA)

### **Data Collection, Management, & Validation**

- Data tracking is also critical for this project- not only to track and monitor the outcomes of patients enrolled in the project, but also determine staff productivity levels to ensure that this is consistent across the facility. – Baylor Medical Centers
- The key success factors that allowed the team to achieve the established goals are the following: Identification of the appropriate staff to perform data validation (clinical and technical knowledge), Close collaboration among IT, Administrators and clinical leaders, and Close monitoring of the data through monthly reports. – Parkland Health & Hospital System

### **Reaching Out to Patients**

- Barriers to patient engagement include transportation and schedule availability. Many patients either work during the day or do not have access to timely transportation. In order to address these barriers, the Integrated Behavioral Health Program is working with Children’s Virtual Health team to use a virtual visit platform to allow patients and families to connect with their care managers in their homes or workplaces through virtual platforms, which can be accessed through a computer, smartphone or tablet. –Children’s Health

- Getting out to various locations around the Denton County area where our target population already attends to help meet their needs is important. We were able to reach a population whom would never otherwise receive the Flu vaccine if it had not been made available to them by integrating vaccine administration with the needed visits they already attend, or simply by just being available at walking distance dismissing transportation barriers, and giving the vaccine at no charge.—Denton County Health and Human Services
- only a great place to bring a child for therapy, but a great place to work. Additionally, we are working to invest in the staff that show a strong interest in ABA therapy and assisting them with training and supervision necessary to pursue their BCBA. Finally, we have reached the conclusion in some cases to discharge clients based on recurring issues such as lack of parent involvement, poor attendance, or unrelated medical concerns which interfere with progress. Although these are difficult decisions to make, discharging a consumer who is not receiving the
- The navigation program has learned that diligence and persistence pays off. Patients given Kaufman Clinic appointments are called by the clinic and by the navigators to confirm their appointments. This consistency and persistence has led to a higher rate of appointments kept. .—Texas Health Presbyterian Hospital Kaufman
- Continual outreach is needed to keep patients coming to the clinic. Education on what should go to ER and not is continual process. —Medical City Dallas (HCA)

#### **Involving Stakeholders and Multi-Disciplinary Teams in the Project Process**

- The main lesson learned is that cooperation with local community organizations and stake holders is absolutely essential for the success of a health promotion program. Joining coalitions of local community organizations provide a platform to transfer information to a wider audience and reach out to more communities. Regarding information transfer, we have found that interactive methods involving participants are much more effective and engaging than conventional methods such as presentation.—Dallas County Health and Human Services
- We have learned that our Pharmacists and Certified Pharmacy Technicians have truly become an integral part of the PCMH and clinic staff. The providers have embraced having a Pharmacist in the clinics, and they have helped to educate patients and clinical staff by providing in services and presentations. Integrating these new professionals into clinic workflow requires testing of different processes, engaging early adopting physicians to buy in to using support staff and remaining flexible throughout the integration process. Patients also have to be educated on the role of pharmacists and technicians to understand and trust their interactions. —Baylor Medical Centers

#### **Using Technology to Advance**

- The doctors and telemedicine host nurses continue to learn from the challenges associated with the special care and communication needs required to effectively host a telemedicine session for our IDD population. We have implemented several changes from lessons for more effective scheduling of clients and doctor time. The technical team continues to learn trouble shooting skills to quickly diagnose connectivity, video, and audio issues. We have done a really good job with our ability to remotely conduct pre-session testing for all of our systems so that issues can be resolved prior to actual client session time with the doctor (and between sessions when necessary). Also through lessons learned, we have added alternate or a 2nd means of connecting to the internet cloud for many of our telemedicine locations. This provides a back-up when one services or network line is compromised. In many cases we have set up an alternate route directly through the Lakes WAN 100Mbps internet and we continue to add these types of alternate routes wherever possible. For our doctors, we have learned that a dual monitor set-up works much better for them to managing a telemedicine sessions along with an active connection to our clinical records system. With this set-up, the doctor can have an entire monitor to see the client and the other for the records information/data. —Lakes Regional MHMR
- The Children’s Health Extended Hours and Nurse Advice Line has identified that families need ongoing

education and encouragement to accept telephonic sources of advice as appropriate means of care for their child. Children's Health Pediatric Group providers and staff will continue to educate and assist the pediatric community in accessing the nurse advice line as needed. – Children's Health

• Several lessons have been learned through the implementation of this program. Most notably, leveraging the full capabilities of electronic medical records is vital to cultivating success and ensuring accurate reporting of DSRIP projects to better integrate population health management. During the initial year of this program, the pharmacists worked closely with the electronic medical record team to develop a list of patients anticipated to discharge. Elements added to the patient list include patient name, location, primary language, status of final medication reconciliation prior to discharge, Discharge Risk Assessment score, and any noted details of problem medications and polypharmacy by the care coordinator. The pharmacists found this exceptionally helpful in preventing delays in discharge. Through continuous quality improvement, the list has been refined to increase efficiency.—UT Southwestern Medical Center Faculty Practice Plan

There were no changes to our RHP 9 learning collaborative plan. Information on RHP 9 Learning Collaborative Events is described in questions 1 and 3.

**3. How many learning collaborative events did your RHP host during DY5 (October 1, 2015 - September 30, 2016)?**

Please enter the number of events that took place for the following types. *Not applicable to Tier 4 RHPs not conducting their own learning collaborative.*

- in person events
- teleconferences/webinars
- other, please list the number held and describe the type of event

RHP 9 held 3 in-person events and 1 Webinar.

- RHP 9 & RHP 10 2nd Annual Collaborative Connections – Impacting Care Learning Collaborative Event, February 9-10, 2016
- Learning Collaborative Cohort, May 19, 2016
- PDSA Raise the Floor Webinar, June 16, 2016
- Regional Shared Experience and Learning Collaborative Event, July 21, 2016

Also has part of our RHP 9 campaign, our providers donated toiletries for women's shelters in all 3 of our counties (Dallas, Denton, and Kaufman).

**4. Which quality improvement topics were included in your RHP's learning collaborative(s) in DY5? Please select all that apply. For Tier 4 RHPs not conducting their own learning collaborative, please indicate the focus areas of the learning collaborative(s) your RHP members participated in through other RHPs, if known.**

- |  |  |
|--|--|
| <input type="checkbox"/> Access to primary care  | <input type="checkbox"/> Improve patient and community engagement        |
| <input checked="" type="checkbox"/> All-cause 30-day readmission rates                                 | <input type="checkbox"/> Measurement strategies                          |
| <input checked="" type="checkbox"/> Behavioral health access and/or integration                        | <input type="checkbox"/> Medical homes                                   |
| <input checked="" type="checkbox"/> Care navigation  | <input type="checkbox"/> Palliative care                                 |
| <input type="checkbox"/> Care transitions  | <input checked="" type="checkbox"/> Potentially preventable readmissions |
| <input checked="" type="checkbox"/> Chronic care prevention and management                             | <input type="checkbox"/> Primary care expansion                          |
| <input type="checkbox"/> Diabetes in adult patients  | <input type="checkbox"/> Right care, right setting                       |
| <input checked="" type="checkbox"/> DSRIP project implementation, strategic planning, and/or reporting | <input type="checkbox"/> Specialty care access                           |
| <input checked="" type="checkbox"/> Emergency department utilization                                   | <input checked="" type="checkbox"/> Telehealth/telepsychiatry            |
| <input checked="" type="checkbox"/> Health promotion and disease prevention                            | <input checked="" type="checkbox"/> Other, please describe:              |

Logic Model, Sustainability, MCO alignment, PDSA/Continuous Quality Improvement, Motivational Interviewing,

Integrating Technology in to Health Care, Aligning Provider Culture, How to Deliver Culturally Competent Care in the Underserved, The Impact of ACA Coverage in Texas
<b>5. Describe how your RHP's learning collaborative(s) used the Plan-Do-Study-Act (PDSA), Plan-Do-Check-Act (PDCA), or other selected quality improvement process.</b>
Indicate how the learning collaborative(s) were facilitated throughout the cycle(s); the tools participants used to establish a plan, set expectations, and monitor progress (e.g., the Institute for Healthcare Improvement's PDSA form; how fidelity to the plan was measured; who evaluated outcomes of the process and how). <i>Not applicable to Tier 4 RHPs not conducting their own Learning Collaborative.</i>
In DY3 RHP 9 introduced PDSA as a continuous quality improvement initiative for our waiver projects. Providers are encouraged to continue to monitor projects through the PDSA process. In June 2016 we held a PDSA Raise the Floor webinar.
<b>6. List the specific measures your RHP monitors through its Learning Collaborative(s).</b>
Please list the measures and summarize any changes observed since the learning collaborative began. <i>Not applicable to Tier 4 RHPs not conducting their own Learning Collaborative.</i>
RHP9 does not measure any specific outcomes through our learning collaborative. However throughout the year we report on consolidated regional outcomes. Additionally our providers present on the successes, challenges, and outcomes of their DSRIP projects.
<b>7. Describe any challenges in administering, facilitating, or participating in a learning collaborative.</b>
<i>For Tier 4 RHPs not conducting their own learning collaborative(s), please respond from the perspective of participating in other RHP's learning collaborative or the Statewide Learning Collaborative, if known.</i>
Overall RHP 9 did not experience any challenges in administering, facilitating, or participating in a Learning Collaborative. RHP 9 providers understand the importance of the learning collaborative events as a conduit for new and relevant information, an opportunity to share experiences, challenges, and lessons learned from DSRIP projects, and a chance to network with other providers. We continue to have good attendance at our events and our providers participate in other RHP collaboratives when applicable. RHP 9 Anchor personnel also attended several learning collaboratives in other regions. A possible challenge would be at times our providers have conflicting priorities and ongoing compliance/monitoring information requests that competed with precious resources and time.
<b>8. Describe strengths and challenges of the learning collaborative model as a tool for quality improvement within or for your RHP.</b>
The RHP 9 Learning Collaboratives are focused on collaborations, sharing experiences and learning opportunities. The strength of learning collaborative activities in RHP 9 are the connections and partnerships that are being created through discussion of the projects, their challenges, lessons learned, and experiences, and collaborations towards success. For example:  <ul style="list-style-type: none"> <li>• By leveraging relationships established through RHP learning collaboratives, Methodist Hospital learned of additional resources for sickle cell patients at Parkland Health &amp; Hospital System. This is of great importance to the Methodist ED Navigation project as a significant number of ED frequent utilizers have sickle cell disease. By creating new lines of communication, navigators and ED physicians are now able to directly contact the</li> </ul>

physicians and managers at the sickle cell clinic, resulting in increased coordination of care between the 2 providers.

- Denton County providers are all working together to standardize the diabetes messages across the county.
- Baylor Scott & White Health is partnering with Parkland Health & Hospital Systems to increase specialty care access to patients.
- Parkland Health & Hospital System and UTSW Medical Center are working together to standardize outcome measures definition across the two systems
- TAMU is working with UTSW Medical Center, Baylor Scott & White, Texas Health Resources, and community partners to provide dental care for underserved patients in community health centers.

A challenge continues to be pulling data in a meaningful way at the regional level, especially when outcome measure baselines and achievements change due to MSLC review. Additionally Category 3 outcome specifications can be inconsistent across providers.

**9. Describe your participation in the Statewide Learning Collaborative and any recommendations for the next Statewide Learning Collaborative.**

RHP 9 participates fully in the Statewide Learning Collaborative. In DY 5, RHP 9 had at least one representative from each of our 25 providers. In addition 4 of our providers (Parkland Health & Hospital System, Children’s Health System of Texas, Baylor Scott & White, and Methodist) participated in panels, peer to peer learning, and technical assistance breakout sessions.

We feel that the statewide learning collaborative is a great opportunity for providers from across the state to come together to share information.

Recommendations:

- Continue with breakout sessions.
- Enjoyed the model in DY4 SLC that allowed providers with similar projects to meet.

**10. Describe other challenges within your RHP during DY5.**

This may include challenges both at the RHP governance level and also at the individual provider/project level, particularly if there are themes across multiple providers or projects in an RHP. Information can also be included on discontinued projects and reasons providers did not continue with a project.

There were no challenges at the RHP governance level. The most significant challenge at the provider level was the time commitment of review requests from MSLC. Most of our providers stated that if they had been aware at the beginning of DSRIP the time requirement necessary for the MSLC reviews, they would have hired additional staff. The reviews were cumbersome, required additional data pulls, and pulled staff away from other DSRIP responsibilities. The Category 3’s continue to be a moving target and it is challenging for providers to achieve performance when the goals continually change. Additional challenges included: employee / physician recruitment and retention, data collection/validation, patient engagement (understanding the importance of picking up medications, following up on appointments, adhering to treatment plans, high no show rates), transient nature of population (address/phone number changes), continual evaluation of processes and workflows, service gaps for MLIU patients, socioeconomic factors, and sustainability of the projects if DSRIP is not renewed.

**11. Describe any other pertinent findings from your RHP during DY5.**

One finding is that providers have recognized that social determinants must be addressed in order to be successful in improving the health outcomes of the patients. Many providers have incorporated ways to assist patients with their social needs.

The MSLC reviews have identified the importance of having IT involved with the projects from inception as there have been many modifications of the reports based on MSLC feedback.