



DY6 RHP 9 Annual Report  
(Pulled from reporting template for readability)

<b>DY6 RHP Annual Report</b>	
<p>The Program Funding and Mechanics Protocol (paragraph 25) requires that each RHP Anchoring Entity submit an annual report by December 15 following the end of Demonstration Years. 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.</p>	
<p><b>Please summarize the progress of the RHP during DY6 (October 1, 2016 – September 30, 2017). 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 DY6 based on the information available prior to annual report submission.</b></p> <p><b>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. HHSC will share this information with CMS, as well as the data elements on the second tab of this document.</b></p> <p><b>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.</b></p> <p><b>Each anchor should submit its annual report on the DY6 RHP Annual Report Form by December 15, 2017, to HHSC (TXHealthcareTransformation@hhsc.state.tx.us).</b></p>	
<b>RHP</b>	9
<b>Contact name</b>	Christina Mintner
<b>Contact number</b>	214.590.4069
<p><b>1. Describe your RHP's progress during DY6.</b></p> <p>This section must include:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• major activities conducted by the RHP during DY6, including updates to the RHP's website. Information can also be provided on administrative activities, such as reporting.</li> <li>• any other relevant progress updates from DY6.</li> </ul>	

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 Health), 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 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 Medical Center Scott & White, Tenet, HCA, Methodist Healthcare, and Texas Health Resources. In DY5, providers Baylor Scott & White Medical Center 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 Scott & White Medical Center – White Rock.

RHP9 projects address the community needs assessment completed in 2012. 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. In preparation for DY7-8 RHP Plan submission, a new community needs assessment has been completed for 2017 and will be used to inform 1115 Waiver activities in the waiver renewal period.

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.

Major activities conducted by RHP 9 during DY 6

February 22 & 23, 2017: RHP 9, 10, & 18 Collaborative Connections – Impact Care Learning Collaborative Summit: Over 225 people attended from across the state. Topics included: Waivers Across the United States; Texas Waiver Update; Healthy North Texas, Community Website; Interactive Exercise – Community Collaboration: Focused on expanding community resources; Blue Zones – Secrets for Living Longer, Better; Behavioral Health, Landscape; Value Based Purchasing & Alternative Payment Methods - Making Health Care Sustainable: Using Value Based-Care to Transform Patient Outcomes and Minimize Costs; MCO Panel: Aetna, Amerigroup, Cooks Children, PCHP; The Future of Medicaid; Collective Impact: A Model for Addressing Community Health Needs; and Breakout Sessions: Collective Impact Model, Beyond the Proposal: Developing a Grant Strategy, Project Evaluation Tool, Care Coordination and Data Systems Interoperability

June 28, 2017: Project Evaluation Tool: RHP 10 led a webinar for RHP 9 providers on the use of a project evaluation tool that can be used during DSRIP reporting to show project sustainability evaluation.

RHP 9 Roadshows allowed providers to see the projects in action at their locations and learn how these projects have identified and solved challenges and share their successes and best practices.

- July 28, 2017 RHP 9 Denton Road Show Topics included: Denton County – Diabetes Care – Chronic Care Model; Texas Health Denton – ED Patient Navigation, Diabetes Education & Management; and Denton County MHMR – 24 Hour Psychiatric Triage Facility, Integrated Behavioral and Primary Health Care, Tour of Residential Crisis Center Site
- September 6, 2017 RHP 9 Terrell Road Show – Lakes Regional Community Center. Topics included: InShape Project – Individuals Self Health Action Plan for Empowerment; IDD Crisis Respite Wrap; Telemedicine Expansion Projects; Waiver Update; Cognitive Enhancement Therapy (CET); Tour of Mental Health Center/SUD Wing; Tour of Administrative Wings; Tour of Telemedicine Studio (1 Skyline Drive, Terrell, TX); Tour of IDD Crisis Respite Wrap Project Home Site

August 17, 2017 RHP 9 – Biannual Event. Topics included: RHP 9 Community Needs Assessment – 2017; Health Care Financing; Legislative Update on Health Care; Legislative Update on Mental Health Policy

September 19, 2017 RHP 9 – Technology in Healthcare. Topics included: e-Policy in Texas; Social Health Information Exchange; Telehealth Panel: Lakes Regional Community Center, Parkland Health & Hospital System, Children’s Health; Digital Health

In addition to the learning collaboratives we have held multiple provider key contact stakeholder meetings to gain input for learning collaboratives and to discuss waiver related activities. RHP 9 also hosted a Statewide Anchor meeting to discuss the new PFM.

- November 7, 2017 - RHP 9 Learning Collaborative Pow-Wow #1 - Provider Stakeholders LC Planning Session
- December 1, 2017 - RHP 9 Learning Collaborative Pow-Wow #2 - Provider Stakeholders LC Planning Session
- February 15, 2107 - RHP9 Learning Collaborative Pow-Wow #3 - Provider Stakeholders LC Planning Session
- February 6, 2017 - Anchor Meeting - Topics: PFM Analysis/Feedback, Sustainability Template Feedback and MCO Alignment, MSLC: Challenges & Concerns, Legislative Day
- June 14, 2017 - RHP 9 Quarterly Meeting Pow-Wow #4: Topics: Learning Collaborative Update, Overview of Changes to PFM, Definitions of System, Category C Collaboration, Stretch Activities, RHP 10 Evaluation Tool, MCO Collaboration
- June 28, 2017 - RHP 9 Provider Measure Bundle Review Pow-Wow #5 - Topics: Reviewing Category C Measures bundles for feedback to HHSC, Feedback Survey

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. In DY6, the RHP 9 webpage was maintained to be a source of reference for the providers, stakeholders, and community.

RHP 9 Providers participated on bundle advisory teams to provide direction and development for the measures bundles for the DY 7 & 8 DSRIP extension.

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

#### Baylor Scott & White Medical Center – Garland

- Integrated Behavioral Health & Primary Care: This program has continued to be a high patient and staff satisfier as we have been able to meet the previously unmet behavioral health needs of this population, including severe depression and dual diagnosis. 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%. This program started in the DSRIP clinics and has since been duplicated across other care settings and is spreading with the same staffing models and clinical protocols as the DSRIP program.

#### Baylor Scott & White Medical Center – Irving

- We also continue to develop our relationship with the Baylor Scott & White Medical Center outpatient pharmacies to help expand the formulary list to provide more low cost medications for our patients and make physical access to these pharmacies easier to improve adherence. 1) We recently obtained approval from our legal department and Best Care Committee for our pharmacists to operate under a practice agreement, to allow them to perform collaborative drug therapy management. 2) Recently received approval to hire two additional pharmacy technicians to our team. 3) Our system recently added a drive-thru pharmacy, near our main campus downtown which will service 3 of our clinics. We anticipate the addition of the drive-thru will help to increase patient adherence, as the ease of picking of their prescriptions has been improved.

#### Baylor University Medical Center at Dallas

- The Bariatric Program, which started as a sub-component and innovative project as part of the overall Specialty Care program at our Baylor Scott & White Medical Center Clinics, has completed seven bariatric procedures to date. Monthly team meetings and coordination among providers and with patients has been instrumental in allowing the project team members to work through the various logistical issues and implement ongoing process improvement initiatives. Clinical outcomes review began after patients completed their 3 month follow up appointment. The program has also expanded its inclusion criteria to open the pool of applicants and has opened its doors to referrals from other Baylor Scott & White Medical Center clinics in the DSRIP program.

#### Children's Health/Children's Medical Center of Dallas

- The Office of Patient Transition extended transition education to the community in June 2017 by presenting at the Children's Health 30th Annual School Nursing Conference: Therapeutic techniques to calm disruptive behavior. The presentation, Transitioning to Adulthood: Healthcare Transition, provided a review of national best practices and academic literature, challenges and barriers to transition, and national guidelines on the role of school nurses in the pediatric to adult transition process. Children's Health also hosted two patient family educational workshops at the Dallas Specialty Center (May 2017 and September 2017). These workshops targeted independent teens and their parents as well as parents and caregivers of teens with cognitive or developmental conditions and provided information. Workshop topics included: medical decision making and guardianship, Supplemental Security Income, Medicaid Waiver Programs, navigating health insurance, identifying adult providers, preparing for the first medical visit with an adult provider, and skills for self-management and care. Representatives from community organizations also attended the workshops to offer patient families with additional information and resources to support the transition process. In September, the

Office of Patient Transition provided a transition-focused in-service to inpatient and ambulatory social workers.

#### HCA Medical City – Dallas

- Implement Neurobase data repository for all neuro stats. Started new research study with Penumbra SMART Coil. Implementing ED Neuro Connect program to manage complex Neuroscience patients thru care coordination. Improved IV tpa rate to 39%

#### HCA Medical City – Denton

- Sepsis project continues to do well. Severe sepsis rolling 6 month mortality remains under goal at 8% and overall mortality is under goal at 16%. ICU ALOS continues to be challenge but is down to 7.2. Bundle compliance exceeds 50% each month for patients treated.

#### HCA Medical City – Lewisville

- Reduction in the Re-admission rate, from 7.11% in 2016, to 6.22 % in 2017. Care Alert program is familiar to all the medical staff in-house and in the Emergency Room. There has been an increase in the referrals made to this program, and we have increased the number of meetings this year compared with 2016

#### HCA Medical City – Los Colinas

- Overall hospital rating improved from 70.6% to 71.8% by Qtr3 2017. Overall Care in ED also improved from 69.6% to 71.6%.

#### Parkland Health & Hospital System

- The medication management project has: 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; Optimize the Penicillin allergy program, education, and transition of care to the outpatient setting; Completed in installing tablets in 3 locations to allow patients access educational videos while at discharge lounge or prescription pickup; Added new supplies to aid patients in medication management services (e.g., magnifiers, medical cards); Started providing anticoagulation services to homeless patient population; Started providing MTM services at two Acute Response Clinics & expanding to an additional clinic through telehealth technology; Expanded discharge counseling to patients that fall outside of the TCU program for CHF and MI; Developed team that consisted of Inpatient Clinical Staff Pharmacists, Ambulatory Clinical Pharmacy Specialists, and Pharmacy Technicians Pharmacy Specialists for Medication Therapy Management; Integrated the internally developed videos onto the New Parkland Hospital footwall system; Developed an ASAP trackboard; Developed an EPIC Medication Reconciliation Scoring system for patients at higher risk for ADEs; Designed and built new MTM Navigators for inpatient and outpatient consultations and encounters and also added in a new medication adherence module; Development of standardized protocols and policies for the Medication Therapy Management program; Won Texas Society of Health System Pharmacists Innovative Collaborative Program in 2016; Won Texas Society of Health System Pharmacists Clinical Poster competition for post discharge clinic research in 2016; Expanded MTM services into Palliative Care Clinic and Post ED discharge for follow up

of urine cultures; Patient safety fair poster presentation 1st place winner for a phenytoin toxicity occurring post admission medication history; Penicillin allergy testing publication in Jan 2017 and also 3 abstracts/2 oral presentations accepted at National Allergy Conference - 1 scholarship awarded to present; 2 Webinars that were broadcasted at our institution as well as internationally about how we implemented pharmacist-led PCN allergy testing.

#### Dallas County

- As part of the Caruth Smart Justice Initiative, CSP has begun consuming additional data feeds in its Stella system that alert triage staff of clients who may be in an immediate behavioral health crisis, as well as those who may have housing needs. In order to better understand where system delivery and criminal justice needs overlap, CSP has begun facilitating meetings with the North Texas Behavioral Health Authority (NTBHA) network providers to initiate communication, collaboration, and coordination. This work was necessary to improve warm-hand offs to community behavioral health services for clients booking out of jail. A key challenge in Dallas County is the lack of accessible housing. To help address this challenge, CSP hired a housing navigator. This position has worked to provide increased resources and training to the Dallas County criminal justice system and is also working to further collect and integrate data on individual housing needs of those booked into jail. This data collected will not only help assist the individual with potential opportunities for permanent supportive housing, but will also help guide key stakeholders in Dallas County toward more educated decisions regarding navigating the housing crisis. The Caruth Smart Justice Initiative has helped us to mitigate previous attorney permission challenges, as part of the process with gaining judicial magistrate court order to assess a client for a Mental Health Personal Recognizance (MH PR) Bond. This allows for clients to have timely care for their behavioral health needs and enhances the continuity of care process. Lastly, CSP has identified a way to track recidivism more appropriately by using client SID numbers instead of book in numbers, this has allowed for CSP data managers to identify clients more accurately and lessen the opportunity for false recidivism calculations.

#### Denton County

- Overall, 82.5% of the diabetic patients receiving care, had lowered their HbA1c by 0.5% - 6.0%. The close of this year, we now have made another great accomplishment. The Diabetic Education and Case Management (DECM) program has over 300 diabetic patients receiving education case management and medications. As of today, only 110 diabetic patients, have an HBA1c greater than 9%. This relates to 64% of all cased managed diabetic patients receiving care are now in control or have an HBA1c <9%. This accomplishment was made possible by a staff of dedicated and caring case manages, hundreds of hours of diabetic self-management education, night classes with not only the patients, but the patients family and children. Case management and group diabetic education have been the hallmark of the DECM programs success. We have continued our collaboration with Texas AM, AgriLife though the local office and patients participating the AgriLife programs, ¡Si, Yo Puedo Controlar Mi Diabetes!, Living Well With Diabetes, Better Living For Texans, Walk across Texas, and Cena Esta Noche. All the programs are designed to promote diabetes self-management, exercise, meal preparation, and nutrition. Over the past year, DCPH has screened 171 patients using RetniaVue, providing retinal exams for more than 57% of their high-risk diabetics. Of these patients, 24 patients (14%) have been diagnosed with diabetic retinopathy and 6 patients (4%) have been diagnosed with an eye condition other than diabetic retinopathy, like macular degeneration or glaucoma. Only these 30 patients have required follow up with an ophthalmologist for care.

#### Denton County MHMR Center

- Over the last 6 months we have continued to see a large number of success stories coming from this project. Clients often leave treatment in our CRU giving high praise for the treatment they receive and we continue to see the numbers of people seeking treatment rising.

#### Lakes Regional MHMR Center

- The Telemedicine/Telehealth Expansion Project (now all combined into Region 9) progressed very well in DY6. We continued increasing utilization of our telemedicine doctor's studio in Kaufman County with our on-staff Psychiatrists and added another staff Psychiatrist (w/home studio) for additional support of our IDD Telepsychiatry services. This new doctor is our second on-staff/ full-time Doctor that is providing Telepsychiatry services for the program from a home studio. Home-based telemedicine studios have worked out well for the program and have provided added flexibility for the complex scheduling of doctors and client appointments. Telemedicine Service Encounters delivered through the program have increased for DY6. There was an increase over previous years and we were able to meet our DY6 annual metric goals for the number of new individuals served and total service encounters. Our specialty services delivered through telemedicine remain focused on Telepsychiatry for both our Mental Health and Intellectual and Developmental Disability (IDD) adult individuals. These services include Psych. Evaluations, Psych. Eval. Medication Checks, and Pharm. Management through Nurses and Psychiatrists. Project operations and support staff continue to learn and implement improvements to the program including the recent addition of special and improved noise cancelling microphones and headsets for our doctors.

#### Methodist Hospitals – Dallas, Charlton & Richardson

- This year saw increased collaboration between the provider's DSRIP projects and the health system's marketing team. One key deliverable resulting from this collaborative work was the development of marketing materials highlighting the providers free diabetes education offerings. This simple, one sheet flyer, is easy to read and allows patients that opportunity to select the classes and support groups that work best for them. As a result, the project team has seen increased inquiries and attendance at educational events.

#### Metrocare Services

- The Center for Children at Metrocare (CCAM) project has currently served 206 exceeding the 184 required individuals for DY6. Over the DY6 period CCAM has been asked to present at a family education group on 2 occasions. CCAM has continued to train staff to become Registered Behavior Technician (RBT) through the Behavior Analysis Certification Board. This allows CCAM to continue to provide a high quality of care.

#### Texas Health Presbyterian Hospital – Dallas

- Healing Hands Ministries became a fully funded Federally Qualified Health Center as of January 1, 2017. This will provide a financial mode for sustainability post waiver. The waiver helped us to be prepared to write for this grant and be successful. Many elements of the waiver pointed us in the

direction of not only transforming how we deliver care, but have the courage to stretch our business plan to meet the need of a larger number of patients.

#### Texas Health Presbyterian Hospital – Denton

- DY 6 (October 1, 2016-June 30, 2017) yielded a 24.81% reduction in ED visits and 69.9% inpatient admissions in the first 90 days of enrollment for patients in the navigation services compared to the previous 90 days. This reduction in inpatient admissions yielded 450 Total Days Saved with cost avoidance exceeding \$950,000. RN ED navigators and the DSRIP Diabetes Chronic Care Management Program diabetes educator continue to work closely together on behalf of diabetic patients (61.8% of total patients enrolled in the ED Navigation Program) to drive results in this common population.

#### Texas Health Presbyterian Hospital – Kaufman

- Due to the program, the participation in the already existing support group has increased. 50% (277 participants) of those served (558) have completed the program including the three-month follow up for their post HbA1C. Of those who have completed the program, 83% either decreased or maintained their HbA1C; 85% met or partially met their primary goal; 97% met or partially met their secondary goal. The ED navigators have also partnered with the DCCMP in order to ensure that the diabetic population who present to the ED receives the proper follow-up and education after their ED visit.

#### TAMU Health Science Center College of Dentistry

- We were able to add the Irving Independent School District elementary schools this year. We were able to renew our agreements with Dallas, Richardson, and Garland school districts this year. We have been very successful in enhancing access to oral health services in dentally under-served communities with the two new clinics.

#### Baylor Scott & White Medical Center – Carrollton

- In DY6 we have had a large success in receiving a grant that has allowed us additional support for this project. With the grant we are able to increase access and build a women's health program as well as allow us to provide a full time navigator, social worker, and POR. We started our transportation service with two vans in DY4 and have recently 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 and have achieved our DY6 volume goal.

#### UT Southwestern Medical Center of Dallas – William P. Clemmons Jr. University Hospital

- Pharmacists have also been instrumental in identifying required enhancements needed to the electronic medical record (EMR). Due to the dedicated work of UT Southwestern pharmacists and the EMR enhancements mentioned, a BPA (best practice alert) for Metformin SR (Glumetza) has been initiated in helping to reduce cost. The above-mentioned medication is the first extended-release metformin formula to appear within the EMR system and providers were unknowingly prescribing the more expensive formula to their patients. The price difference between the two formulas is ~\$1,500. An alert was created to help steer providers towards the less expensive version of the formula, notifying the provider at the time of the order placement, of the cost of the medication and requesting the provider to prescribe the alternative if medically appropriate. In the initial tracking of this BPA, the



Medication Management team has documented 16 deferred prescriptions for a cash savings to the patient of \$23,034.88.UT

Southwestern Medical Center – Faculty Practice Plan

- The Transitions of Care for Cancer (TOC-CA) Patients project continues to advance in several areas in DY6. The linkage achieved with the overall UT Southwestern initiative to improve transitions of care to all patients is continuing to strive. The collaboration across projects, which began in DY3, has now become a very efficient model as DY6 comes to an end. This model is being emulated in other medical specialty areas such as cardiology. The risk assessment tool has been integrated into the electronic medical record and the team continues to achieve desired rates of compliance by the Oncology Transitional Care Coordinators.

## 2. Describe lessons learned.

This section should include lessons learned, both from regional governance perspective and learning collaborative/continuous quality improvement activities.

### Communication

- Spending time with providers and the multi-disciplinary team to help them understand behavioral health conditions and increasing their comfort levels with this type of work is also important.. – BT Garland JV LLP
- The importance of strong and effective communication with the social work and ED staff as that is where the majority of our patients are referred from. Given that chronic disease services are new to this community, it is imperative that support and coaching be provided to both the Carrollton community and hospital staff in how to access and utilize services. – Baylor Scott & White Medical Center - Carrollton
- On-going advertisement is a must to continue to promote the presence of the clinic and drive traffic due to little public transportation.- Metrocare Services
- Our biweekly Patient Experience meetings continue, and we learn from each department. Nursing presents one session and alternates with ancillary staff presentations. The compliments that we hear when rounding from the patients is positive in the way the other departments also ask the patients if they need anything else, they have the time, and telling the patient that someone will be in to check on them within the hour. The names of the EVS assigned to that room, we see on the communication boards as well as Respiratory. – Medical City Denton/HCA

### Education

- The teamwork between the CHW and RN Health coach has been highly effective to manage the behavioral and clinical needs of the patient, both play an integral role in supporting the patient's education needs – Baylor University Medical Center at Dallas
- The Children's Health Extended Hours/Nurse Advice Line project has identified that families need ongoing education and encouragement to accept telephonic consultations as appropriate means of care for their child. In addition, Children's Health Pediatric Group (CHPG) locations began promoting the extended hours option to increase awareness that our Medical District clinic is open 7 days a week until 1:00 am, 365 days a year. This was done through posters and fliers made available for families at their local CHPG clinic. As a result, there was an increase in patient visits at the Medical District clinic following these promotional activities.
- Leveraging Methodist Dallas' access to staff clinical education has proven to be beneficial to both clinic staff and patients. - Methodist Dallas Medical Center

- Don't take for granted that after continual education and follow-up, that all physicians and staff have processes in place to achieve goals, - Medical City Dallas/HCA

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

- The main lesson learned thus far has been to make data collection and validation a priority. Especially with this project, tracking new patients from existing patients in the clinic and also determining which patients came from the community has been challenging. However, having worked through a lot of the data entry issues and working on documenting best practices and holding staff training so that everyone is consistently moving forward and ensuring that all new and old clinic staffs understand how to collect and report DRSIP data. Consistent communication with dashboards and huddles has helped to communicate changes from MSLC, HHSC and other operational changes that may occur. – Baylor Scott & White Medical Center - Irving
- In cooperation with our Data Intelligence Team, we continue to work on improving our dashboard including our patient-centered goal outcomes. We track them on a weekly basis and provide feedback to program staff members on outcomes at monthly intervals. As we identify barriers or issues related to program performance we can address them through workflow changes, training, or employee performance improvement as needed. - Children's Health/Children's Medical Center of Dallas

#### **Reaching Out to Patients**

- There has been a large influx of low income uninsured and Medicaid patients in the area over the past 12 months, an increase from historical years. There are several factors why this has happened and one of the CQI activities this year is helping our hospitals to help establish care in the primary care setting to establish care to avoid subsequent ED visits and inappropriate utilization. The transportation program was implemented on Oct. 1, 2014 for uninsured patients. This program started with two vans in October and has increased to 3 vans based on needs of this patient population. This program will enable the clinics to identify those patients that have transportation issues and provide a much needed resource. Patients can be referred for transportation services to get to clinic, specialty, education, counseling appointments and if necessary transport to pharmacies for medication. – Baylor Scott & White Medical Center - Irving
- Offering primary medical care in a space contiguous to Green Oaks Hospital has opened up access for patients. We were able to roll out the access in 2 phases. 1) Engagement with patient upon admission with our outpatient social worker to establish a relationship. 2) We recognized the importance of being closer to the patient during their episode of illness at the beginning of their treatment process. Therefore, we created the mini clinic for primary medical care access. – Medical City Dallas
- Continual training, coaching and validation of skills is necessary. We also have found patients from Indian culture; have not responded well to our traditional method of post-acute maternal health care. We are partnering with an organization to better understand cultural needs and preferences to improve patient experience if this population we serve. – Medical City of Los Colinas
- 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. For DY6 Kaufman Community Clinic Show rates were Quarter 1-65%, Quarter 2-78%, Quarter 3- 68%, Quarter 4-72%, with a running total of 71%. Even though we are not reporting show rates, we still want the project funds to be used wisely and will continue to track this measure. – Texas Health Presbyterian Hospital Kaufman

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

- 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 University Medical Center at Dallas

- Continual follow-up is necessary for all stakeholders to ensure all are playing their part process improvement for stroke patients. It takes a team and collaborative effort all the time. - Med City Dallas

- Our biweekly Patient Experience meetings continue, and we learn from each department. Nursing presents one session and alternates with ancillary staff presentations. The compliments that we hear when rounding from the patients is positive in the way the other departments also ask the patients if they need anything else, they have the time, and telling the patient that someone will be in to check on them within the hour. The names of the EVS assigned to that room, we see on the communication boards as well as Respiratory. –Medical City Denton/HCA

- Collaboration with the Dallas Fire and Rescue Outreach Program (DFR Program) has helped to connect individuals with resources within the community, however, as with all collaborations. So far in DY6 UTSW has referred 126 patients to the DFR program, with 35 graduating from the program. Further evaluation will need to be made on patients, i.e. is the patient motivated to participate in the goal of reducing ED visits and remaining healthy at home, and is the patient's medical condition and/or status at the time of the referral stable enough to actively engage in the goals of the DFR program. Further collaboration continuously being explored with DFR as well as other organizations that can assist with navigating and providing resources to this patient population.- University of Texas Southwestern - Faculty Practice Plan

- A core multidisciplinary team is essential to transition planning and process implementation. This identified team, along with physician champions in each clinical area to provide leadership and guidance during development and implementation of transition processes, support and address the various transition needs of patient families. Integration of program development, process improvement, and quality indicators within clinic and staff performance are also key to transition process implementation.

– Children's Health/Children's Medical Center of Dallas

- Working with patients to overcome socioeconomic barriers of taking care of self over children can be a difficult and possibly unrealistic expectation to break.- Texas Health Presbyterian Hospital Dallas

### **Using Technology to Advance**

- Learning how the on-line registration process differs in each district has been very valuable and difficult. The support team is actively working with the districts to create a registration process that works within the constraints of each district and within the guidelines of HIPAA and FERPA. Continued lessons learned regarding development and roll-out for patient billing have driven increased involvement of many key departments. Keeping these external departments on track has allowed the support team to achieve incremental progress. Several lessons learned around the billing communication plan to school leaders, nursing staff, and student families. In addition, to resolve many concerns surrounding reimbursement, registration staff will call to verify benefit information to determine if telemedicine is a reimbursable service. – Children's Health/Children's Medical Center of Dallas

- EPIC is known for conducting a task multiple ways to achieve the same end result. Therefore, a comparison of three options for sending the discharge summaries to the next provider was evaluated. The three methods evaluated consisted of the following functionalities: communication management, summary of care, and manual routing. After conducting all three methods over multiple iterations throughout the demonstration year, the best process nominated was manual routing which was based

upon selecting a method that allowed for the most flexibility such as no co-sign limitations. Consequently, this technique provided consistency among the care team- University of Texas Southwestern - Faculty Practice Plan

- Partners continue to work on improvements on data exchange between entities. Providers at MED have been granted access to BSW-WR eMR through Physician Portal to ensure they are able access all information regarding patient stay at hospital from their clinic. Additionally, a SharePoint site was developed to allow for the exchange of referral information between providers to ensure MED had access to all patients referred to MED from DHWRL and allow hospital to track who and how often those referrals resulted in a visit to MED for Medical Home coverage. This is used to confirm totals captured utilizing MED's her (eClinicalWorks). Providers continue to be challenged by considerable turnover at MED. - Baylor Scott & White Medical Center – White Rock (Formerly Tenet)

### **3. Describe other challenges within your RHP during DY6.**

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.

#### **Hiring and Educating Providers & Staff**

- The biggest challenge we have had thus far is recruiting specialists to increase our network of providers. – BT Garland JV LLP
- Clinical staff turnover in low-performing sites became one of our toughest challenges in DY6.- Children's Health/Children's Medical Center of Dallas
- Turnover in Sepsis coordinator position. Training and hiring of staff and physicians. - Medical City Dallas/HCA
- Physician turnover (ED and hospitalists) –Medical City Denton/HCA
- The major challenge for these core components was the complexity of hiring additional physicians for Grand Prairie's clinic. – Parkland Health & Hospital System
- DCMHMR has continued to struggle with hiring a psychiatrist for the project. Provider retention continues to be the main challenge to this program in DY 6. Provider stability continues to be a challenge for this project.- Denton County MHMR
- Retention of entry level clinicians still pose a challenge in general, however, attracting bilingual clinicians continue to be the most challenging due to their high demand.- Metrocare Services

#### **Technology**

- We had a large E.H.R conversion on 10/1/16. New provider and clinic workflows, training and development took significant time and effort.- BT Garland JV LLP
- Our biggest challenge at this time is the delay getting the technology (RP Lite Robot) to the patient's room in a timely fashion. – Medical City Dallas
- During April 2017, the entire Methodist Health System implemented a new EMR, Epic. Though the new system is robust with many features and workflows that have increased navigator efficiency, the initial months of implementation were quite challenging for the project team as they learned to navigate the new system and develop reporting that met the project's needs. Additionally, switching to a new system in middle of DY6A has created additional work for the project team and health system IT as reports and information must be extracted from the legacy system and Epic. – Texas Health Methodist

#### Hospital of Dallas

- Motivating our electronic medical record vendor to respond within a designated time frame to assist us in identifying reporting glitches, offering patches to the software when a problem was identified and then getting the patches installed via updates. - Texas Health Presbyterian Hospital Dallas
- IT interface issues have been more time consuming than anticipated. - Baylor Scott & White Medical Center – White Rock (Formerly Tenet)

#### Data Collection and Analysis

- Continue to struggle with SCCM guidelines and definitions for Sepsis in contrast to Surviving Sepsis Guidelines and CMS Core Measures. –Medical City Dallas
- Challenges with this project are around data collection and validation. Throughout DY6, we have also been dealing with obtaining accurate data reports since our systemic E.H.R transition from Centricity to Epic on October 1, 2016. This has taken up a significant amount of staff time for training, workflow development, DSRIP form and processes, transcription, and translation into Epic. – Baylor Scott & White Medical Center Carrollton (Trinity Medical Center)
- Data collection continues to be a challenge for metrics M-1/M-2 for this project. One of the most significant challenges has been lack of consistency with electronic documentation required for DSRIP metrics. – University of Texas Southwestern Medical Center Dallas William P. Clemmons Jr. University Hospital

#### Patient Access/ Volume

- Establishing sustainable strategies for all projects across the waiver for Parkland that can allow them to continue under normal operating budget while increasing access and services to our patient population. - Parkland Health & Hospital System
- Specialty clinics that moved into the Anderson Clinic experienced challenges meeting patient demands immediately prior-to and after the move due to a planned decrease in appointments to ensure patient safety during the transition. Some of our existing patient's ability to access care in select specialty services was limited by network restrictions in their affordable care act plans. –Parkland Health & Hospital System
- Decrease in patient referrals by partner clinics – University of Texas Southwestern Medical Center Dallas. William P. Clemmons Jr. University Hospital
- One of the major challenges for the project has been treating patients across multiple care sites with the increase number of patients seeking care, especially as the team has continued to expand services. - University of Texas Southwestern Medical Center Dallas
- Continuing to manage the waitlist of individuals that are in need of services offered through CCAM has remained a challenge. Children are waiting 12 months or longer before receiving services as the demand are higher than what CCAM is able to provide. Metrocare Services

#### Patient Engagement

- The main challenges we face are no shows and patients not picking up their medications at the pharmacy. BT Garland JV LLP
- The program continued to struggle with getting 100% compliance with attendance of client. It is also difficult to get buy in from families and clients for referrals and/or services due to requirement for services to be delivered 15 hrs per week.- Metrocare Services

- Many attendees fail to seek follow up care from their medical provider or referral clinic. – Texas Health Presbyterian Hospital Dallas
- Biggest challenges related to issues getting people to attend visits. - Baylor Scott & White Medical Center – White Rock (Formerly Tenet)
- Language barrier (non-English or Spanish speaking patients)- University of Texas Southwestern Medical Center Dallas
- Transportation remains challenging for many patients to/from food sources, medical care, community resources, etc. and is identified as a top barrier to community health. - Texas Health Presbyterian Dallas
- Travel is a continued challenge in the rural areas – Lakes Regional MHMR Center
- Patients who shop clinics and don't want to comply with policies in a medical home –Medical City Dallas /HCA
- Patients are unaware of the limitations of their Insurance Provider, i.e., the nearest in-network physician is not taking new patients, or the nearest doctor is too far to travel to for ongoing care – Parkland Health & Hospital System
- The New Clinics project continues to experience high no-show rates despite active patient reminder efforts. - Children's Health/Children's Medical Center of Dallas
- No shows are a challenge- Medical City Dallas/HCA
- To help reduce no shows, we have asked the providers to message to the patients' the education they receive in the chronic disease program is part of their overall treatment. – BT Garland JV LLP

**4. Describe any other pertinent findings from your RHP during DY6.**

N/A