



DY7 RHP 9 Annual Report
(Pulled from reporting template for readability)

DY7 RHP Annual Report

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.

Please summarize the progress of the RHP during DY7 (October 1, 2016 – September 30, 2017). Information can include region wide progress of DSRIP, cross region collaboration and intervention specific highlights. The annual report also will summarize information for each RHP regarding metrics reporting and achievement in DY7 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. 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 information, particularly if there are themes across multiple providers or core activities in an RHP.

Each anchor should submit its annual report on the DY7 RHP Annual Report Form by December 15, 2018, to HHSC (TXHealthcareTransformation@hhsc.state.tx.us).

RHP 9

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1. Describe your RHP's progress during DY7.

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. Provider initiative highlights may also be included, including sustainability planning.
- major activities conducted by the RHP during DY7, including updates to the RHP's website. Information can also be provided on administrative activities, such as reporting.
- any other relevant progress updates from DY7.

Comprised of Dallas, Denton and Kaufman counties, Regional Healthcare Partnership for Region Nine (RHP9) performing providers include the tax-supported hospital system of the Dallas County (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), a state university hospital two (UT Southwestern Medical Center), a physician/dentist practice associated with a health science center (Texas A&M Health Science Center College of Dentistry,), three mental health agencies (Denton County MHMR, Dallas County MHMR, and Lakes Regional MHMR Center), and thirteen private hospitals in the hospital systems of Baylor Scott & White Medical Center, HCA, Methodist Healthcare, Texas Health Resources, and City Hospital at White Rock. In DY7, Baylor Scott & White Medical Center closed Baylor Scott & White Garland Hospital and sold Baylor Scott & White Medical Center– White Rock to Pipeline Healthcare Management LLC. It is now known as City Hospital at White Rock.

RHP9 providers continued to work towards improvements in the areas identified in the 2012 and 2017 community needs assessment. These include:

A. Capacity and Access - More Providers and Better Health Care Coverage: Improve Access to Primary and Specialty Care

in Rural Areas.

B. Chronic Diseases Care – Focused Care on Specific Chronic Diseases: Cardiovascular, Diabetes, Lung Cancer, Breast Cancer, Colorectal Cancer, and Respiratory Diseases.

C. Care Coordination- Organized Culturally Competent Patient Care: Activities and Sharing of Information Across all Patient Care Participants including Oral Health and Palliative Care.

D. Behavioral Health - Mental Health and Substance Abuse: Collaborative and Coordinated Efforts to Address Disparities Associated with Mental Health and Substance Abuse.

E. Infant and Maternal Health: Community-Level Education, Awareness, and Coordination with Social Services to Reduce Infant and Maternal Mortality.

F. Bridging the Gap: In addition to above-focused priorities the following themes are key factors that were identified across all priority areas as ways to enhance the ability to implement sustainable and improved care for the patient populations identified in this community needs assessment:

- Technology in Healthcare
- Promoting Telehealth/ Tele psych
- Use of technology to improve health outcomes
- Health information sharing strategies
- Addressing Social Determinants of Health
- Advancing Nursing Workforce

Major activities conducted by RHP 9 during DY 7

RHP 9 held the following Learning Collaborative/Stakeholder Events in DY 7:

- February 14, 2018: RHP 9 DY7 Review - Topics discussed included Category B - System Definitions and Optional Components, Category C - measures Selection and Baseline Reporting Options, and DY7 Learning Collaborative Plans.
- May 22 & 23, 2018: RHP 9, 10, & 18 Collaborative Connections: Impacting Care - A Learning Collaborative Summit - Close to 200 people attended from across the state. Topics Included: State of Medicaid in Texas, Waivers Across the United States, Value Based Purchasing/Alternate Payment Methods, Texas Waiver Update, Rapid Cycle Improvement, Healthcare Policies: Changing landscape, E-Healthcare Policy in 2018. Breakout sessions included: Diabetes Care, Hospital Safety Bundle, Fostering Resilience in Youth: School Based Strategies, Impacting Pregnancy Outcomes, Leveraging HIE's in Texas, and Assessment and Management of Suicidal Behavior in Adolescents: Strategies to Reduce Risk.
- June 13, 2018: RHP 9 Provider Stakeholder Pow-Wow: Measure Bundle Reporting - Topics included Deferred Baseline Requests, Early Baseline Submissions, Review of Cat C Measures-V6, Questions For HHSC On Cat C Measures Specs.
- September 11, 2018: RHP 9 Provider Stakeholder Pow-Wow - Topics included: RHP 9 Plan Update Stakeholder Presentation Preview, Regional Performance Update (DY1-6), DY 8 Learning Collaborative Activities, Category A Reporting, Cat C Measure Specifications Presentations (Parkland Health & Hospital system: Adult and Pediatric Immunizations), Dallas County HHS: L1-347: Latent TB Infection Treatment Rate, Lakes Regional Community Center: Controlling High Blood Pressure & Screening Suicide in Psychosocial Evaluations.)
- September 13, 2018 (WebEx): RHP 9 Stakeholder Forum: Final Plan for DY 7 -8 - Provided a public engagement opportunity for stakeholders, providers, and the community to review the final RHP 9 Plan Update for DY 7 & 8. The plan and stakeholder forum details were posted on our website.

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

Major accomplishments in DY7 include the submission of the RHP 9 Plan Update for DY 7 & 8 in April 2018. This submission included the Learning Collaborative Plan and the updated Community Health Needs Assessment.

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

Baylor Scott & White Medical Center – Irving

- Due to a focus on diabetes management and care and integrating cancer screening into primary care, we have seen improvements in many measures.

Baylor University Medical Center at Dallas

- The care team approach and integrated care management has had a positive impact on measures bundles.

Baylor Scott & White Medical Center – Carrollton

- Due to the increased focus on prevention and primary care, the cancer screening measure bundle has been positively impacted.

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

- An organization-wide Care Coordination taskforce has formed, bringing together all areas within Children's Health that work in coordinating patient care. The taskforce includes a leadership steering committee and staff care coordination council
- Across the organization there has been a shift in culture providing both value-based and understanding care environment. Interoperability of claims and E.M.R. data has improved our ability to identify patient requiring care management.
- Implementation of the MYChart patient appointment reminder system, patients are able to schedule their annual well-child appointments, immunizations, and sick visits as necessary. Once scheduled, MYChart is set up to send a reminder in advance to inform the patient of their appointment. Additionally, the staff utilize a telephonic patient reminder system to inform patients of any upcoming appointments.
- Teen Recovery Program-Children's Health created the Teen Recovery Program to help teens, ages 13-17, and their families affected by mental health issues and substance abuse. This program focuses on the whole child, with the ultimate goals of abstinence, improved mental health and better family relationships.
- Completed five asthma instructional videos in both English and Spanish that are shared in the hospital setting, community practices, and schools. These videos serve as a teaching and reminder tool on the proper way to deliver asthma medications via spacer, mask, mouth piece and dry powder inhaler.

City Doctors Hospital

- Hospital continues to partner with Mission East Dallas, a local FQHC that is a certified PCMH to improve access to primary care services available to LIU in the East Dallas, Mesquite and Garland communities. White Rock identifies LIU individuals utilizing its emergency room for chronic conditions and those without a dedicated primary care are referred to Mission East Dallas for Medical Home treatment of their chronic conditions, services that are not appropriate in an episodic environment like an ER. In DY7, 323 individuals were assigned to a medical home.
- For DY7 96.69% of patients received a standardized transitional care plan

HCA Medical City – Dallas

- We continue to have low hemorrhage rates, high compliance with antenatal steroids. Our NTSV C-section rate is decreasing but still considered high.
- Although ED visits are high for a few patients, we have seen a relatively low admission rate. We continue to work with parents to understand preventative strategies for asthma

HCA Medical City – Denton

- We continue to see a reduction in hospital infections and continue to hardwire process to eliminate all infections

HCA Medical City – Lewisville

- All in all, hospital infections are down in all areas. The improvement need now is to ensure the few that still occur end and we can maintain processes.

HCA Medical City – Los Colinas

- We continue to see a reduction in hospital infections and continue to hardwire process to eliminate all infections

Parkland Health & Hospital System

- Improved outcomes for patients with chronic conditions by providing access to services, screenings, and preventive measures through patient education, support and the encouragement of the patient's active participation in their healthcare. Patients have a better understanding of preventive measures that can improve the quality of their lives and decrease the need for emergency care services.
- We are assessing the mothers for postpartum depression and identifying those in need for additional services for the wellbeing of mother and child.

Dallas County Health Department

- Our crisis services stabilization efforts continued in DY7 as we served clients in jail who had a mental health flag. We identified clients, notified appropriate internal departments (i.e., pre-trial, public defender's office, etc.), conducted face-

to-face assessments of clients with attorney approval and/or magistrate orders, and linked clients with community treatment and resources as appropriate. We also worked collaboratively with mental health and competency courts by providing liaisons to facilitate treatment facility placement and discharge, as well as linkages to community resources upon discharge.

- We have intensified our targeted testing for TB. We also have expanded existing and /or started new patient incentive programs including provision of transportation assistance. We continue recruiting LTBI patients for treatment and taking various measures to improve treatment completion rate. Some of these measures include expanding short regimen treatments, providing interpretation services, increased patient education including preparation of educational materials in multiple languages, sending appointment reminders, patient follow-up, etc.

Denton County Health Department

- Of the 455 diabetics reported early for DY7, the DCPH program has made incredible progress. Of the 455 patients, only 94 patients (7.2%) remain with an A1C greater than 9%. The reported BP for early reporting was at an average of 133/77 mm HG. This is population health. We are saving hundreds of thousands of dollars in uncompensated care. CDC National Diabetes Facts Sheet (2005), states that for each 1% drop in the HbA1c there is a 40% reduction in micro vascular complications. This means we are saving eyes, limbs, and kidneys.

Denton County MHMR Center

- DCMHMR has seen over 1000 clients in the last year in psychiatric crisis. These individuals have either walked-in or were brought in by police for risk assessments and least restrictive environment recommendations.
- DCMHMR continues to provide integrated health services to 150 individuals in need of physical health and behavioral health services.
- The CRU has served over 330 clients over the last year. These clients are served up to 2 weeks in a residential setting and are provided skills training and case management to decrease the likelihood they will need a higher level of care again in the future. Hospital and jail recidivism have decreased because of this program.

Lakes Regional MHMR Center

- Lakes Regional has continued to deploy and refine our telecommunications network to support the utilization of telemedicine services throughout our 12-county region. A second telemedicine studio office was configured and installed. We are planning a third location to get a second telemedicine studio in Hopkins County to add to our capacity to serve IDD dual diagnosed individuals.

Methodist Hospitals – Dallas

- During DY 7, the provider has successfully strengthened the relationship between charity clinic and provider, by establishing a referral process between provider and charity clinic (BBHH). After meeting with the provider's case management team in early 2018, the case management team now has a contact at BBHH and receives regular updates related to food pantries, education and additional offerings provided by the charity.
- Provider continues to leverage innovative outreach methods in order to educate and empower patients to care for their health in the appropriate setting. The navigation team has partnered with other community organizations to develop one-page lists for patients in need of PCPs and other community resources.

Methodist Charlton

- The DSRIP team has successfully expanded chronic disease intervention to include not only diabetic patients but patients with chronic diseases such as CHF.

Methodist Richardson

- The provider has seen a decrease in ED visits for a small sample of high-risk patients receiving intensive intervention lead by the DSRIP team. This intervention ties directly to the Patient Navigation & ED Diversion bundle as the goal of these activities is to decrease the number of ED visits among targeted patient populations.

Metrocare Services

- The agency completed the CCBHC Certified Criteria Readiness Tool (CCRT) to identify gaps in our current service delivery. The Tool indicated that our current practices are aligned to become a CCBHC.

Texas Health Presbyterian Hospital – Dallas

- Healing Hands Ministry has implemented shared medical appointments and finds that the group education is very effective for this population. Patients are engaging with the education content and each other to expand learning.
- Care message has been implemented and is providing a useful connection between patients and providers. It assists with reminders for appointments and allows for quick answers to questions.

Texas Health Presbyterian Hospital – Denton & Texas Health Presbyterian Hospital – Kaufman

- Provider has begun to hold classes in at risk communities and continues to look for locations most convenient to the

target population. Provider is also looking for partners in the community to help alleviate some of the barriers this population faces.

- Provider has begun the Healthy Education and Lifestyles Program and is offering chronic disease management education and clinical services to uninsured individuals to reduce their dependence on the Emergency Department and inpatient services for chronic disease management.
- Provider has been encouraging patients to enroll and use MyChart as a means to communicate with provider, seek additional information/education and access lab results.
- Provider has created a list of possible collaborations available in the area to assist with social determinants of health barriers for the uninsured target population and begun discussions with potential partners.

TAMU Health Science Center College of Dentistry

- We have identified two new locations for two new dental clinics. One location is in West Dallas and one location is in South Dallas.

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

- UT Southwestern Medical Center is utilizing the CHF team as pilot to see the effect of scheduling post discharge follow up appointments for multiple quality indicators with readmissions being a key focus. The patient navigator has scheduled a significant amount of appointments and, while early in the pilot, has shown positive trends.

2. Describe lessons learned.

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

For ongoing governance of the RHP 9 waiver activities, we continue to collaborate with our providers through Stakeholder Pow-Wow sessions and in larger learning collaborative events. Through these events the overall lessons that were learned include:

- The ongoing negotiations between CMS and states regarding the use and style of waivers; how healthcare policy is affecting the conversations with CMS; a focus on accountability, program integrity, and flexibility; and planning for a post-DSRIP world through transitioning to APMs, implementing ACOs, and focusing on whole-person care
- Medicaid expansion efforts across the United States
- Challenges of healthcare providers to control cost, achieve quality, increase access, and support innovation
- The federal focus on the opioid crisis
- from the Dell Medical School, Episcopal Health Foundation and HHSC collaboration Value-based payment/alternate payment models options in Medicaid in Texas from the Dell Medical School, Episcopal Health Foundation and HHSC collaboration
- Lean and Six Sigma, using DMAIC, and the benefit of Rapid Continuous Improvement (using quick wins, PDSA, & Kaizen) and tips to use them in the waiver quality outcomes
- E-health options and the impact and preparation for disasters like Hurricane Harvey
- Best practices from the Global Diabetes Program at Parkland Health & Hospital System
- Youth Aware of Mental Health Program (YAM) and other ways to support to support suicidal youth
- Patient safety, infection prevention and a focus towards becoming a high reliability organization.
- The concept of caring for the caregiver
- Development of a Patient Safety Plan for suicidal youths.
- Risk and protective factors for youth suicidality and various possible methods for treatment and intervention.
- Ongoing HHS IT strategic plan and the use of Certified Electronic Health Record Technology (CEHRT), the importance of building an HIE in Texas, and current activities associated with HIEs in Texas
- How to improve neonatal outcomes measures with an emphasis on lowering C-sections rates and use of antenatal steroids for anticipated preterm births.
- Best practices from RHP 9 providers on select measure specifications and how to apply in own system

3. Describe other challenges within your RHP during DY7.

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.

1115 Waiver Process

- Frequent updates to measure specs
- The ongoing changes in metrics did not provide enough lead time for many systems to update their EMRs to be able to accurately pull data
- Many of the metrics are based on MCO measures and do not easily translate to health systems
- Measures are open to multiple interpretations. - Need to have clinical champions to provide guidance around metrics and ensure everyone is interpreting them the same.
- Resubmission of baselines due to late approval of waiver and final measure specs
- Lack of timely response to questions submitted to the Waiver mailbox.
- Pediatric providers found it challenging not being permitted to continue with the same measures we started with in DSRIP 1.0.
- The need to check multiple documents in multiple formats to get answers make it very confusing and very easy to miss something.
- The ongoing monitoring related requirements and then the uncertainty of the future monitoring activities.

Hiring and Educating Providers & Staff

- Maintaining 24 hour staffing of licensed staff. – Denton MHMR
- Provider turnover - finding a psychiatric nurse practitioner is difficult. – Denton MHMR
- Provider continues to be challenged with identifying strategies to raise staff awareness of chronic disease education activities. – Methodist Charlton, Methodist Dallas, Methodist Richardson
- Current curriculum is not available in Spanish. – Metrocare Services

Technology

- Switching to new EMR. Increases time of appointments while providers get use to system. Results in fewer appointments, increasing wait time. – Denton MHMR
- Medical & psychiatric providers using different health records make it difficult to have live communication regarding patient care. – Denton MHMR
- Education videos are difficult to access. – Metrocare Services.
- Switching to new EMR resources have been stretch for IT staff and DSRIP team has been challenged with getting optimization requests fulfilled in a timely manner. – Methodist Charlton, Methodist Dallas, Methodist Richardson
- Creating electronic version of paper surveys is a challenge due to amount of time to build and the impact on clinical workflows. –UTSW Medical Center

Data Collection and Analysis

- Collecting data from remote and rural locations in dentally under-served communities – TAMU
- Shifting to a value-based care effort system has posed some challenges for the IT department as typically these systems are designed for adult populations, and there are no “out of the box” solutions to address the needs of the pediatric population. It is time-consuming to create pediatric-specific tools and requires sizeable investments in both technology and clinical expertise. – Children’s Health

Patient Access/ Volume

- Access to post discharge specialists continues to be a struggle due to low availability within the market. – City Doctors Hospital

Patient Engagement

- Diabetes/CHF management can be difficult in this population because of the underlying social and behavioral issue they have. Getting to improvement in clinical outcomes takes significant effort, time and resources to accomplish. Beyond that, getting to things like education and goal setting can be even more challenging when patients are so uncontrolled in their disease states. –Baylor Scott & White University Medical Center Dallas
- Education level is so low that most do not understand the importance of their health care or their chronic disease. Social determinants impact their willingness due to larger issues such as lack of food, electricity, car, or clothing. – Denton County Public Health
- Time commitment of patients and no-shows continue to be a problem. – THR Dallas THR Kaufmann, THR Denton

- In-consistent attendance to classes. –THR Dallas, THR Kaufmann, THR Denton
- Getting patients to think about prevention and wellness in conjunction with their chronic illness. Helping them to overcome the stigma and misinformation about cancer screening. Transportation and follow-up on clinical recommendations and testing. Diabetes management and goals setting and maintaining motivation of patients. – Baylor Scott & White Irving, Baylor Scott & White Carrollton, Baylor Scott & White University Medical Center Dallas
- Patient compliance prior to surgical procedures. – HCA Medical City Dallas
- Combatting cultural stigma of TB among refugees. – Dallas County
- Cultural barriers and educating parents on managing asthma for their children -- Parkland Health & Hospital System

4. Describe any other pertinent findings from your RHP during DY7.

No additional information to add.