DY8 RHP 9 Annual Report
(Pulled from reporting template for readability)

DY8 RHP 9 Annual Report

The Program Funding and Mechanics Protocol (paragraph 37) requires that each RHP Anchoring Entity submit an annual report following the end of each Demonstration Year. 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 DY8 (October 1, 2018 – September 30, 2019). 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 DY8 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 DY8 RHP Annual Report Form by December 13, 2019 to HHSC's Healthcare Transformation mailbox (TXHealthcareTransformation@hhsc.state.tx.us).

RHP 9

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1. Describe your RHP's progress during DY8.

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 DY8, including updates to the RHP's website. Information can also be provided on administrative activities, such as reporting.

• any other relevant progress updates from DY8.

Comprised of Dallas, Denton and Kaufman counties, Regional Healthcare Partnership Nine (RHP9) performing providers include the tax-supported hospital system of 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 (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, Metrocare, 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.

RHP9 providers continued to work towards improvements in the areas identified in the 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 the 2017 community needs assessment:
• Technology in Healthcare
• Promoting telehealth
• 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 DY8

RHP 9 held the following Learning Collaborative/Stakeholder Events in DY8:

• January 16, 2019: RHP 9 & 10 Behavioral Health Cohort: The cohort seeks opportunities to increase communication and more effectively promote shared learning across the regions and state around efforts that impact mental health and health outcomes of patient populations served by the 1115 Waiver. The agenda included:

CCBHC Certification Process & Measures, Cat C Submissions – Data Collection & Reporting, DSRIP Compliance, and Legislative Activity

• January 29, 2019: RHP 9 & 10 Chronic Disease Cohort: The cohort seeks opportunities to increase communication and more effectively promote shared learning across the regions and state around efforts that impact the management of chronic disease health outcomes of the patient populations served by the 1115 waiver. The agenda included: Finding Balance: The Importance of Evaluation and Treatment for Distress & Depression in Diabetes Management and Cohort Process – Rotating Topics (Ideas)

• February 26, 2019: RHP 9 & 10 Patient Navigation & ED Diversion Cohort: The cohort seeks opportunities to increase communication and more effectively promote shared learning across the regions and state around efforts that reduce ED visits for chronic ambulatory care sensitive conditions, behavioral health & substance abuse conditions, acute ambulatory care sensitive conditions, and dental conditions. The agenda included: High Utilizers – Collaborative Coalition and Cohort Process – Rotating Topics (Ideas)

• May 14 & 15 2019: RHP 9, 10, & 18 Collaborative Connections – Impacting Care: A Learning Collaborative Summit: Annual learning collaborative summit for providers, stakeholders, and community. The mission is to strive for collaborative learning focused on expertise, tools, and resources which are organized and deployed in a manner to promote strong collaborative learning and sharing. The Agenda included: A Multimedia Overview of a Comprehensive Arts and Medicine Hospital Based Program in the Texas Medical Center, How Emotional Intelligence Can Help Make You a Rock Star in HealthCare, Healthcare Technology for Connected Communities, The Creative Brain Solution – Experience Fulfillment in Your Personal and Professional Life by Engaging Your Whole Mind, Transitioning through DY 7-11 and Beyond- Provider Panel, Healthcare Policies: New Developments, Broad Trends in Healthcare: Local Implications, Improving Waiver Outcomes: Real Time with a Registry, Update on Value Based Purchasing in Texas Medicaid, Waiver Update, Health and Healthcare Delivery: What Are We Trying to Achieve? Breakout sessions included: Zero Suicide in Healthcare Systems, Improvement in the American Healthcare System: Insights from Visits to over 200 hospitals, and Diabetes Medications with Cardiovascular Benefits. Table Top breakout discussion on performance measure bundles included: Chronic Disease – Diabetes, Chronic Disease – Heart Disease, ED/Diversion/Patient Navigation/Readmissions, Primary Care/Preventative Care, Behavioral Health Measures – Hospitals, Behavioral Health Measures – CHMC and LHD, Local Health Department (LHD)

• July 7, 2019: RHP 9 & 10 Behavioral Health Cohort #2: RHP 9 & 10 Behavioral Health Cohort Session #2 –Shared learning across the regions and state around efforts that impact mental health and health outcomes of patient populations served by the 1115 Waiver. The agenda included: Behavioral Health in the Homeless Population at Parkland and JPS, CCBHC Certification, and Process & Measures – Updates from Group.

• July 17, 2019: RHP 9 & 10 Chronic Disease Management Cohort #2: Shared learning across the regions and state around effort s that around efforts that impact the management of chronic disease health outcomes of the patient populations served by the 1115 waiver. The agenda included: Tarrant County Public Health Overview & Vision, Chronic Disease Self-Management Program, Tobacco Cessation Program Collaboration, and DSRIP Collaboration Opportunities.

• September 4 & 5, 2019: HHSC Statewide Learning Collaborative: A representative from all RHP9 providers attended the SLC.

RHP 9 Providers and Anchor participated in providing feedback for the 1115 Waiver Transition plan. RHP 9 Providers and Anchor attended all webinar and meetings as offered and appropriate for discussion of the 1115 Waiver

Transition plan.

RHP 9 hosted an Inter-Anchor meeting on Friday, November 30, 2018 for the purpose of discussing and submitting feedback on the Transition Plan for submission by 12/14/18. The Anchors also received an update from Lisa Kirsch on Value Based Purchasing activity. Finally, the Anchors discussed the DY9-10 PFM.

Providers and Anchor completed all required semi-annual reporting and requests for "Needs More Information" as appropriate. Providers and Anchor attended all HHSC webinars relating to semi-annual reporting activities.

In August 2012, Parkland created a website to provide information on the Waiver and the development of the RHP9 plan(s). 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.

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

Baylor Scott & White Medical Center – Irving, Baylor University Medical Center at Dallas, Baylor Scott & White Medical Center – Carrollton

• BSWH, as a system with providers participating in DSRIP projects across several RHPs, continued to focus on prevention and quality care to all patient populations by aligning DSRIP measures such as PPEs, high blood pressure control, diabetes control, weight management and tobacco screening and counseling with overall ACO quality measures for Value-Based Purchasing, physician compensation, and system leadership goals. We also created efficiencies to identify patients at risk for specific Social Determinants of Health (SDoH) needs which matches those needs with a local resource as part of a resource directory imbedded in the E.H.R. For RHP 9 specifically, the A1 Diabetes, A2 Heart Disease, C2 Cancer Screening, C3 Hepatitis C, and H1 Integration of Behavioral Health measure bundles helped develop core activities on utilization of care teams and chronic care management in the PCMH setting and created a single focus across all sites to ensure that there is alignment with the general population in the clinics with one standard of care for all patients. These designated clinics addressed patient compliance issues due to transportation by implementing a group visit model and utilizing portable RetinaVue machines at the clinics allowing the scans to be viewed remotely by an ophthalmologist.

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

• Identifying quality improvement and standardizing processes needs within the system

City Hospital at White Rock Lake

• The ability to continue to serve the DSRIP population despite multiple ownership changes

HCA Medical City – Dallas, HCA Medical City – Denton, HCA Medical City – Lewisville, HCA Medical City – Los Colinas

• All four hospitals improved hospital safety with reductions in hospital acquired infections.

Parkland Health & Hospital System

• Our most successful bundle measure has been the Hepatitis C screening and follow-up. We have been able to

maximize the effectiveness and efficiencies of our Hepatitis C clinic by removing barriers from our ambulatory clinics to refer into the clinic. Creation of a Hep C registry, patient outreach program and the use of best practice alerts (BPA) focused on baby boomers (born between 1945 and 1965)

Dallas County Health Department

• One of our greatest accomplishments in DY8 was increased provision of health education and promotion by intensifying our collaboration with community organizations, corporate offices, religious organizations, schools and others. In DY8 DCHHS received requests for health education from more than 100 such entities. Our Health Educators were able to reach an estimated 10,000 people. We also established a Diabetes Prevention Program (DCHHS DPP) as part of our Category D effort to impact specific health statuses. This program is now working towards full recognition through the CDC's Diabetes Prevention Recognition Program (DPRP).

Denton County Health Department

• We are now case managing close to 600 high risk diabetics. 76.43% of patients with diabetes have an A1C below 9.0%. from an average baseline 11.7%; Reduced from a starting average baseline for the program of 11.7% to current of 7.9%; 44% of patients with diabetes have an A1C below the ADA recommended 7%

• By lowering the A1C by 1% the ADA states it can reduce complication by 40%. This is an estimate using the Siemens International Healthineers Complication Avoidance Impact calculator. DCPH on its current cohort of diabetic patient for 2019 could save as much as $778,231.82 complication cost at local hospitals. DCPH pays uncompensated care to 5 local profit and non-profit hospitals. Denton County does not support a charity hospital.

• By using Point of Care Testing you can reduce the time from testing to treatment for patients. DCHP has implemented point of care testing for eighteen different tests with results provided within 6 minutes.

Denton County MHMR Center

• Our greatest accomplishment for DY8 was increased and more efficient reporting. We transitioned to an EHR and that made reporting much easier for us.

Lakes Regional MHMR Center

• Stabilizing a new approach to the behavioral health delivery system was accomplished through the combination of enhanced telemedicine capability increasing access to psychiatric availability to rural and suburban populations while providing state contracted services with enhanced clinic capacity of licensed personnel to increase the quality and impact of services rendered over services provided under a TAC code model of service delivery. This grew through the transition from the DY1-6 through the DY7-8 efforts to prepare for an eventual move toward becoming a CCBHC.

Methodist Hospitals – Dallas, Methodist Charlton , Methodist Richardson

• Despite the shift away from projects during the transition into DSRIP "2.0", our organization has continued to maintain and develop many of the core DSRIP activities (ED Navigation and Diabetes Education/Management). One standout has been our free diabetes education classes which continue to provide much needed diabetes education to the city's Southern sector; an area with a high prevalence of Type 2 diabetes and no diabetes self-management resources outside of the community.

Metrocare Services
• Metrocare's greatest accomplishment during DY8 has been development towards becoming a Certified Community Behavioral Center (CCBHC). This included the hiring of a project manager to oversee this initiative. In addition, Metrocare applied to the State HHSC to become a CCBHC. Completion of the Cost and Savings Tool led to much analysis in helping forecast next steps. We now have moved from the project phase of planning to execution.

Texas Health Presbyterian Hospital – Dallas, Texas Health Presbyterian Hospital – Denton & Texas Health Presbyterian Hospital – Kaufman
• Successfully replicating our evidence-based, chronic disease management clinical program, HELP, across 9 additional Texas Health sites to expand our service to the uninsured

TAMU Health Science Center College of Dentistry
• We secured $3.2 million in private foundation funds to build a new dental clinic in South Dallas adjacent to Parkland's Hatcher Station Village Health Center. We will work very closely with Parkland and other stakeholders in South Dallas to enhance access to oral health services and reduce unnecessary inpatient and emergency department utilization for oral health related conditions. We anticipate that we will begin seeing patients at the South Dallas dental clinic in the fall of 2020.

UT Southwestern Medical Center of Dallas – William P. Clemmons Jr. University Hospital
• UTSW was able to finalize data reports and initiate further performance improvement in DY8. Notably, a Care Coordination team was developed to interact directly with patients to meet care gaps.

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:

• Best practices from RHP 9 providers on select measure specifications and how to apply in own system.
• The History of CCBHC, CCBHC Program Requirements, and Resources for CCBHC. CCBHC Panel members answered questions around biggest challenges: what is different than LMHA business as usual and continuous improvement activities, timeline to gain certification, dedicated team members, procedures, processes, workflows that changed, how care coordination differences from typical LMHAs, what service enhancements were needed, and incorporating substance use disorder services integration.
• The Importance of Evaluation and Treatment for Distress & Depression in Diabetes Management. Distress versus Depression: How both can impact diabetes treatment compliance. Ways to identify potential issues associated with distress or depression. Intervention strategies for the provider to help decrease distress and depression.

• Using a Readmission Track Board: Using EPIC to identify readmissions through use of a track board and using that information to determine reasons for readmission and drive care management and decision-making efforts.
• Implementing a High Utilizer Program: Identify and implement processes to intervene with patients who are identified as high utilizers of the ESD and provide appropriate resources.
• Interventions included focus on connecting homeless and psychiatric and substance abuse patients with community and financial resources where available and connecting them with a Medical Home if possible.
• Timeline for partnership of Hospital & Nursing Facilities
• Parkland Post-Acute Network (PPN): Getting MOJO Back, process for the PPN: ITAV pilot (It Takes a Village), reaching out and engaging community partners and organizations.
• Effectively translating the collaborative potential of arts and medicine to the holistic healthcare environment of Houston Methodist
• How using music therapy impacts patient care and patient satisfaction
• Using emotional intelligence to recognize emotions, integrate emotion-related feelings, comprehend the emotional information being conveyed, and finally, manage these emotions
• Using technology to improve healthcare through addressing social determinates of health
• Using technology to identify needs and connect patients with care outside of the hospital in the community
• Learning to use your creativity to become more balanced, enthusiastic, energized even in the most difficult circumstances
• Understanding the landscape of healthcare policies and the impact on Texas healthcare
• Understanding the shifting and growing populations in North Texas and in RHP 9, 10, & 18
• Using real time registries to improve patient outcomes
• Tying value-based purchasing in Texas Medicaid and the DSRIP transition planning
• Updated on the current activities on the 1115 Waiver
• Strategies for life after DSRIP that reorients the system to addressing non-clinical needs that impact healthcare, engaging the patients, alignment of incentives, and finding the right partners to fund these activities
• Making suicide prevention a core responsibility of healthcare using a systematic approach in health systems
• Characteristics of hospitals that can improve and what they have done through simplification and centralization of improvement roles and activities
• Understanding that data culture is decision culture
• Understanding the connection between diabetes and vascular complications and the associated medications
• Best practices from fellow attendees for addressing 1115 Waiver outcome measures through topical discussions
• Assisting Homeless patients to navigate the behavioral systems and addressing social drivers of health can drastically improve their care – it takes a village!
• Parkland Health & Hospital Systems HOMES (Homeless Outreach Medical Services) Program
• Parkland Health & Hospital – RIGHT Care Team
• The definition of public health and key terms, The history of public health
• A Public Health Approach including: Core Functions and Essential Services of Public health, Stakeholder Roles in Public Health, Determining and Influencing the Public's Health.
• Tarrant County Chronic Disease Population Projections
• Population Health (A shift in Public Health) – One approach for all patients does not work, relationship building, and care management provides health systems with tools, and clinical analytics provide access to the kind of

information that can drive plans for improving workflow and managing our populations. Examples: Implementation of HealthForMe Self-Management Classes and LIVE Tobacco Free Tarrant County Program Overview

Provider Specific Lessons Learned:

Baylor Scott & White Medical Center – Irving, Baylor University Medical Center at Dallas, Baylor Scott & White Medical Center – Carrollton

• The importance of community collaborations as an overall approach to addressing SDoHs has been the overarching theme toward sustainability of these activities post DSRIP. We have partnered with business entities to provide physical transportation and utilize direct text messaging to address transportation issues which have shown some financial gains. The pathway to better healthcare should involve all community leaders, services, and infrastructure; not just the healthcare entities.

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

• Including an accountant in the beginning of the Cost Savings process

City Hospital at White Rock Lake

• Transportation continues to be one of the biggest gaps in resources in our service area. Too many people go without care because there is no bus line, or they cannot afford private transportation and/or do not qualify for Medicaid so don't have access to Medicaid transportation either. It' a continuous cycle of trying to come up with ways to help patients be compliant and manage their health care needs.

HCA Medical City – Dallas, HCA Medical City – Denton, HCA Medical City – Lewisville, HCA Medical City – Los Colinas

• Small incremental improvements and maintaining high performance are as challenging as major improvements in measures.

Parkland Health & Hospital System

• It's never too early to start focused best practices and utilization of brainstorming sessions with other providers in the region and front-line staff.

Dallas County Health Department

• Through our increased communications with local stakeholders, we have learned that there is significant duplication of efforts in many areas of public health. Expanding our collaborations and coordination with these stakeholders will not only enable us to realign available resources but also create maximum possible impact in the community.

Denton County Health Department

• Most patient want to be compliant in their treatment, but life gets in the way. Should I go to the doctor? They will tell me to lose weight and eat right, or work and buy food for the family. Many families only have one car for transportation. Most of the time the transportation is for work. DCPH has begun to reduce as many visits as possible with the Point of Care Testing. Creating a situation that is manageable with the patient and the follows the

treatment plan. Reducing no-show rates down to 12%. From 50%

Denton County MHMR Center
• The most important lesson we learned from DY8 is the need for cross training of staff to help with reporting. We have learned how difficult it can be when that responsibility lands on only one or two staff.

Lakes Regional MHMR Center
• As people who are part of the active core of the organization leave, there are others who can take their roles with planning. diligence, commitment and flexibility the organization moves forward with accomplishments.

Methodist Hospitals – Dallas, Methodist Charlton, Methodist Richardson
• Collaboration continues to be the most important lesson learned by our providers. Relationships established through participation in RHP 9 activities, have allowed our organization to amplify the impact of invaluable patient interventions. Examples of these collaborations include extension of navigation services through Metrocare and chronic disease education resources for our high-risk patients offered through Parkland.

Metrocare Services
• Understanding switching to another EHR plays a major effect on organizational and operational abilities, thus the need to assess early on and adjust accordingly.

TAMU Health Science Center College of Dentistry
• Most important lesson learned: to emphasize seeing a larger percentage of Medicaid patients in addition to our low-income uninsured patients in order to ensure sustainability of our program.

UT Southwestern Medical Center of Dallas – William P. Clemmons Jr. University Hospital
• The importance of enhancing documentation practices was a focus area during this demonstration year. Often, the clinicians are providing appropriate care, but their actions were not documented in a discrete area to allow for reporting on their efforts. Taking the time to outline current documentation practices is a highly beneficial initial step.

3. Describe other challenges within your RHP during DY8.

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.

Measure Bundles/Specifications
• Trying to align adult measure in a children's system with a limited over 18 population. – Children's Health
• The greatest challenge was improving measure L1-347, latent TB infection treatment rate. The main reason for this was the difficulty to have latent TB patients take their medication without any interruption throughout the specified periods of 3, 4, 6 or 9 months depending on the type of treatment regimen. The fact that measure L1-347

specifies treatments to be completed within the allotted time with no room for even limited interruptions despite CDC guidelines made our effort that much challenging. – Dallas County HHS
• Using systemwide patient populations rather than the ability to use patient population subsets for the measure bundles has made it particularly challenging for large health systems and nonprofits to meet some of the goals. – Parkland Health & Hospital System
• Ongoing, some of the specifications seem counter intuitive to an accurate representation of patient care such as keeping deceased patients in the denominator of measures. - Parkland Health & Hospital System

Hiring, Educating, Providers & Staff Engagement
• Because "culture eats strategy for breakfast", the greatest challenge is getting all participants in the organization to adopt a new direction, attitude and the processes inherent in transitional growth. In behavioral health even the front desk can veto a planned change. Adopting the vision and acting commiserate with the new direction has required a willingness of staff across all the counties to contribute to the effort. – Lakes Regional MHMR Center
• Staff turnover in several programs was our biggest challenge. Some of our staff who left had tremendous institutional knowledge as well as dedicated hearts. – Denton County MHMR Center
• Getting everyone in the organization to understand that if we can't wait for patients to come to us, we have to be proactive with our outreach and encourage / enable patient participation in their health and wellbeing. – Parkland Health & Hospital System

Technology
• Metrocare faced several challenges during DY8 relating to reporting, medication compliance, and access to care. This has been the result largely due to transitioning to a new electronic health record system. Developing new reports to track and monitor measure performances is ongoing. – Metrocare Services

Data Collection and Analysis
• During this demonstration year, a new data team was created leading to a thorough review of all electronic queries. While time intensive, the process resulted in considerably more accurate data for stakeholder use and reporting purposes. – UT Southwestern Medical Center
• Identifying data points within our EHR system to meet HHSC'S specifications and TA recommendations. – Children's Health
• Although the chosen measure bundles continue to show the value of the core activities, many of the transition care models developed such as Patient Navigation collaborations between organizations outside the performing provider organizations brought challenges such as the need for common IT platforms. Much of the activity across organizations caused duplication of data collection requiring extensive manual hours toward deduplication processes to support continuity of care and accurate data reporting. – RHP 9 Baylor Scott & White Hospitals
• The greatest challenge has been to provide the front-line staff with an effective tool to identify all the care gaps that are related to the Waiver measure in a one stop shop visible to all the care givers. – Parkland Health & Hospital System
• All-Data specifications and data collection. – RHP 9 HCA Hospitals

Patient Access/ Volume

• Our partnership with Mission East Dallas, the clinic moved out of Dallas to Mesquite making it more difficult for patients to find transportation since it is no longer on a Dart line. – City Hospital at White Rock
• Slow volume growth in some of our new HELP locations. – RHP 9 Texas Health Resources Hospitals

Patient Engagement/Education
• Health literacy is still our greatest challenge. 58% of our population involved in the DECM program have less than a high school education. Many do not read or write, and some have never been to any official schooling. DCPH has designed picture education sheets for those who do no read or write. A large portion of our population came to DCPH undiagnosed with A1C's as high as 14%. Understanding diabetes is very hard for the educated. With the population of Low income, uninsured and low education it makes it a challenge for these individual to understand the self-management of their disease. – Denton County HHS

Sustainability
• Funding mechanisms for the uninsured continue to be a challenge due to 95% of the patients in this RHP are uninsured. While strides have been made showing decreased IP utilization at lower costs, the reductions were not significant enough to offset the clinic costs making it difficult to maintain projects post DSRIP. - RHP 9 Baylor Scott & White Hospitals
• Given the quickly approaching end of DSRIP funding, we have been challenged internally to develop a plan for sustaining the activities and gains accomplished through DSRIP while dealing with the uncertain future for a funding source for these activities. – RHP 9 Methodist Hospitals
• To begin preparations and plans for post- DSRIP and to continue and sustain our efforts to provide dental services in our extramural clinics. – TAMU Health Science Center College of Dentistry

1115 Waiver Process
• The uncertainty of the format of the 1115 Waiver after 2021 and the ongoing concern of meeting the low income uninsured needs portion of the MLIU that the waiver has been serving through programs developed during Waiver 1.0 and 2.0 continues be a source of anxiety and frustration for most providers in not only our Region, but for all RHPs in Texas.

4. Describe any other pertinent findings from your RHP during DY8.

• Given the complexity of requirements and deadlines related to participation in the 1115 Waiver, we would not be successful without the support and guidance of our anchor. – RHP9 Methodist Hospitals
• We began to educate ourselves about alternative payment models in order to prepare for post-DSRIP. We also began to plan to partner with larger hospital systems to emphasize reducing inappropriate utilization of emergency departments and inpatient admissions related to oral health conditions. – TAMU Health Science Center College of Dentistry
• Inclusion, transparency, information and appreciation are essential to organizational transformation; adequate funding and EHR wizardry doesn't hurt. – Lakes Regional MHMR Center
• Much of the future planning post DSRIP depends on accurate data. HIPAA, Stark, and other legal constraints must be addressed to open more doors toward data sharing and interoperability. – RHP 9 Baylor Scott & White Hospitals

• As it exists now, implementation of alternative payment model with Managed Care Organizations (MCOs) seems to be difficult, if not impossible, in a Health Department setup. Current programs by MCOs we so far contacted are tailored towards hospitals and traditional PCPs. – Dallas County

• Varied methods of data collection for meeting measure specifications led to more streamlined processes to collect data. - RHP 9 HCA Hospitals

• Parkland Hospital continued to provide requested information and on-site meetings to the OIG during 2018 and 2019 as part of ongoing review of Texas HHSC and the 1115 Waiver activities. – Parkland Health & Hospital System