Transformational Extension Protocol (Menu) for Replacement Projects: Evidence Based Models and Approaches

HHSC has updated the Transformational Extension Protocol (Menu) for Replacement Projects proposal to add specific models/best practices for providers who would propose replacement projects for the specific options.

HHSC is requesting feedback from stakeholders if there are specific models/best practices that are planned that are not included in this update. For the ease of stakeholder review, HHSC highlighted those project options in yellow and included the models and citations.
The following information has not changed. This Menu applies to replacement projects only. However, some of the information on models/best practices may be used for potential next steps for some existing projects for the extension.

Highlights of the extension menu:

- **Combines similar project options and removes selected project options with the aim to keep the most transformative options on the menu.**
- **The menu applies to the replacement projects only, pending CMS approval: 4-year projects from 2.4, 2.5, 2.8, and 1.10 project areas [except 1.10 for learning collaborative purposes]; providers of projects withdrawn after June 30, 2014; projects identified from high risk list based on HHSC review; and providers electing to discontinue a current project(s) and propose a replacement.**
- **Existing projects that are not identified from the high risk list can continue, regardless of the revised menu options. For existing projects, the only project options that are not planned for waiver extension are 2.4, 2.5, 2.8 and 1.10 [except 1.10 for learning collaborative purposes]. Other changes to the protocols may require "next steps" for existing projects. Milestones/metrics are proposed to change beginning DY 6 as described in the draft Program Funding and Mechanics protocol (Transition Year PFM).**

Background

Updates to Transformational Extension Menu presented at SLC2015
During the 2015 Statewide Learning Collaborative (SLC2015) HHSC proposed a Transformational Extension Protocol (Menu) for use in the renewal period for replacement projects. During the SLC2015, HHSC identified a subset of project options that require the next step of further refinement with the specification of evidence based models that would be used as a foundation for DSRIP projects.

Description of information currently available for stakeholder feedback
HHSC has taken the next step of identifying effective models, informed by both the Transformational Impact Summaries submitted to HHSC last year and from the current body of evidence available on effective interventions, for this subset of project options and has included the model name and a link to the model in the subsequent table. In this update HHSC removed the project options that are proposed to be excluded from the Menu for replacement projects, those project options that were removed due to inclusion or combination with a retained project option.

Project Option	Notes
1.1 Expand Primary Care Capacity	
1.1.3 Expand mobile clinics	HHSC recommends keeping this project option since it is utilizing existing clinics and potentially recently opened clinics for reaching additional patients in target population.
1.2 Increase Training of Primary Care Workforce	
1.2.2 Proposed **for extension menu**: Increase capacity by providing training to Community Health Workers (CHWs)/promotoras, health coaches, peer specialists and other alternative clinical staff working in primary care.	HHSC recommends modifying this project option to reflect increase in capacity in alternate clinical staff working in the primary care setting. This approach will change the hiring of physicians and physician extenders as the primary goal of the project; however projects are still able to hire physicians and extenders in other project options to support the main goal of a project.
1.2.3 **Proposed for extension menu:** Increase capacity by providing training to promote wellness, provide disease prevention and/or increase health literacy.	This represents a new project option which corresponds to 2.6.3 in the existing menu.
1.6 Enhance Urgent Medical Advice	
1.6.2 Establish/expand access to medical advice and direction to the appropriate level of care to reduce Emergency Department use for non-emergent conditions and increase patient access to health care.	HHSC recommends including this project option in the extension menu.
1.7 Introduce, Expand, or Enhance Telemedicine/Telehealth	
1.7.1 Implement telemedicine program to provide or expand specialist referral services in an area identified as needed to the region.	HHSC recommends including this project option in the extension menu.
1.7.2 Implement remote patient monitoring programs for diagnosis and/or management of care.	HHSC recommends including this project option in the extension menu.
1.7.3 Use telehealth to deliver specialty, psychosocial, and community-based nursing services	HHSC recommends including this project option in the extension menu.

Project Option	Notes
1.8 Increase, Expand, and Enhance Oral Health Services	
1.8.6 The expansion of existing dental clinics, the establishment of additional dental clinics, or the expansion of dental clinic hours.	HHSC recommends including this project option in the extension menu.
1.8.9 The implementation or expansion of school-based sealant and/or fluoride varnish programs that provide sealant placement and/or fluoride varnish applications to otherwise unserved school-aged children by enhancing dental workforce capacity through collaborations and partnerships with dental and dental hygiene schools, local health departments (LHDs), federally qualified health centers (FQHCs), and/or local dental providers.	HHSC recommends including this project option in the extension menu.
1.8.11 **Proposed for extension menu**: Provide targeted dental intervention for vulnerable and underserved population in alternate setting (e.g. mobile clinics, teledentistry, FQHC, etc.)	HHSC is keeping this project option with a modification to specify that the services provided under this project option are for vulnerable and underserved populations provided in alternate setting.
1.9 Expand Specialty Care Capacity	
1.9.2 Improve access to specialty care (in underserved areas)	HHSC recommends keeping 1.9.2 option for underserved areas only, so that providers can to continue increase in access to specialty care in these areas with limited access to services
1.10 Enhance Performance Improvement and Reporting Capacity	
1.10.1 Learning Collaboratives to support enhanced improvement capacity within people (3 year project option)	HHSC recommends keeping this project option as a placeholder for anchors to work on learning collaboratives. HHSC also recommends combining three project options into one.
1.10.2 Learning Collaboratives to support enhanced improvement capacity through technology (3 year project option)	HHSC recommends keeping this project option as a placeholder for anchors to work on learning collaboratives. HHSC also recommends combining three project options into one.
1.10.3 Learning Collaboratives to support enhanced improvement capacity within systems (3 year project option	HHSC recommends keeping this project option as a placeholder for anchors to work on learning collaboratives. HHSC also recommends combining three project options into one.

Project Option	Notes
1.12 Enhance service availability of appropriate levels of behavioral health care	
1.12.3 Develop and staff a number of mobile clinics that can provide access to BH care in very remote, inaccessible, or impoverished areas of Texas.	HHSC is recommending keeping this project option in the extension menu.
1.13 Development of behavioral health crisis stabilization services	
1.13.1 Develop and implement crisis stabilization services to address the identified gaps in the current community crisis system	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this category. **Proposed Evidence Based Models and Promising Practices** Critical Time Intervention http://sssw.hunter.cuny.edu/cti/ Critical Intervention Team http://www.citinternational.org/images/stories/CIT/SectionImplementation/CoreElements.pdf START model http://www.centerforstartservices.org/
2.1 Enhance/Expand Medical Homes	
2.1.1 **Proposed for the extension menu:** Implement Patient Centered Medical Home(s)	HHSC proposes to retain and redefine this as **Implement PCMH**, removing the planning component.
2.1.2 Collaborate with an affiliated Patient-Centered Medical Home to integrate care management and coordination for shared, high-risk patients.	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this category. **Proposed Evidence Based Models and Promising Practices** AHRQ PCMH framework https://www.pcmh.ahrq.gov/page/defining-pcmh Risk Stratified Care Management- High Risk, Rising Risk and Low Risk designations. https://www.advisory.com/research/care-transformation-center/care-transformation-center-blog/2013/06/three-care-delivery-models#lightbox/1/ ACP PCMH model https://www.acponline.org/running_practice/delivery_and_payment_models/pcmh/ Safety Net Medical Home Initiative- Change Concepts for Practice Transformation http://www.safetynetmedicalhome.org/change-concepts Intensive Medical Home and embedded Case Manager: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=9&cad=rja&uact=8&ved=0ahUKEwiL4L-aoKfKAhUESCYKHe3qAYwQFghQMAg&url=https%3A%2F%2Fwww.ruralcenter.org%2Fsites%2Fdefault%2Ffiles%2F2015-2-25%2520PCP%2520Intensive%2520Medical%2520Home%2520HYDE.pdf&usg=AFQjCNFTBULSQTetYFX_qMCD-QTBPi4ECA&sig2=d24iMJh_4qDYGNgWZd57zA

Project Option	Notes
	PCMH Neighborhood https://www.acponline.org/advocacy/current_policy_papers/assets/pcmh_neighbors.pdf
2.1.3 Implement medical homes in HPSA and other rural and impoverished areas using evidence-approached change concepts for practice transformation developed by the Commonwealth Fund's Safety Net Medical Home Initiative	HHSC recommends keeping this project option in the extension menu.
2.2 Expand Chronic Care Management Models	
2.2.2 Apply evidence-based care management model to patients identified as having high-risk health care needs	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this category. **Proposed Evidence Based Models and Promising Practices** Wagner Chronic Care Model- Care Coordination in PCMH: Change Package http://www.improvingchroniccare.org/index.php?p=Change_Package&s=354 Primary care–integrated complex care management (CCM) http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2014/aug/1764_hong_caring_for_high_need_high_cost_patients_ccm_ib.pdf California Quality Collaborative: Complex Care Management Tool Kit http://www.calquality.org/storage/documents/CQC_ComplexCareManagement_Toolkit_Final.pdf Care Connections Program (CCP) - integrating Community Health Workers (CHWs) into the Patient-Centered Medical Home (PCMH). https://dhs.lacounty.gov/wps/portal/dhs/chip/careconnections Caring for patients with Complex needs in PCMH settings https://pcmh.ahrq.gov/sites/default/files/attachments/Coordinating%20Care%20for%20Adults%20with%20Complex%20Care%20Needs.pdf Complex Patient Care Model Redesign- enhanced multidisciplinary care teams http://www.brookings.edu/~/media/research/images/g/gk-go/global-accountable-care/thedacare-case--wisconsin.pdf The Transitional Care Model http://www.transitionalcare.info/essential-elements Coleman's Transition Intervention Model http://caretransitions.org/about-the-care-transitions-intervention/
2.6 Implement Evidence-based Health Promotion Programs	
2.6.1 Engage in population-based campaigns or programs to promote healthy lifestyles using evidence-based methodologies including social media and text messaging in	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area.

Project Option	Notes
an identified population.	**Proposed Evidence Based Models and Promising Practices** Social Ecological Model https://www.cdph.ca.gov/programs/cpns/Documents/Network-Appendix6SocialEcologicalModel.pdf http://ocw.jhsph.edu/courses/healthbehaviorchange/PDFs/C14_2011.pdf Kurt Lewin's Change theory http://cjni.net/journal/?p=1210 Health Literate Care Model http://health.gov/communication/interactiveHLCM/index.html The DECIDE Model http://www.nursingcenter.com/static?pageid=800371
2.6.2 Establish self-management programs and wellness using evidence-based designs.	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** Stanford Small-Group Self-Management Programs for people with arthritis, diabetes, HIV, cancer, chronic pain, and other chronic diseases http://patienteducation.stanford.edu/programs/ Health and Recovery Program, an adaptation of Stanford for people with mental illness (model is behind paywall) http://www.sciencedirect.com/science/article/pii/S0920996410000782 SAMHSA's Whole Health Action Management http://www.integration.samhsa.gov/health-wellness/wham
2.7 Implement Evidence-based Disease Prevention Programs	
2.7.1 Implement innovative evidence-based strategies to increase appropriate use of technology and testing for targeted populations (e.g., mammography screens, colonoscopies, prenatal alcohol use, etc.) and provide follow up interventions (e.g. treatment, etc.) for tests with positive results	HHSC recommends keeping this project option and modifying it to reflect that follow up is required as part of the project when issues are identified during the testing.
2.7.2 Implement innovative evidence-based strategies to reduce tobacco use.	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** Proactive Community Quitlines http://www.thecommunityguide.org/tobacco/quitlines.html Tailored Mobile Phone interventions http://www.thecommunityguide.org/tobacco/RRmobilephone.html 5 A's model (Ask, Advise, Assess, Assist, and Arrange) http://www.aafp.org/afp/2012/0315/p591.html

Project Option	Notes
	https://www.sccp.sc.edu/sites/default/files/12354-REV%20SCORXE%20SUMMARY.pdf 5R's (Relevance, Risks, Rewards, Roadblocks, Repetition) for patients not ready to quit http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.html Ottawa Model http://ottawamodel.ottawaheart.ca/about-omsc (Adults) Freedom From Smoking Curriculum- American Lung Association http://www.lung.org/stop-smoking/join-freedom-from-smoking/ (Adolescent 14-17yo) Not On Tobacco- American Lung Association http://www.cdc.gov/prc/pdf/not-on-tobacco-smoking-cessation.pdf Courage to Quit- Respiratory Health Association http://www.lungchicago.org/courage-to-quit/ Freshstart- American Cancer Society http://www.acsworkplacesolutions.com/freshstart.asp Aspire http://www.mdanderson.org/patient-and-cancer-information/care-centers-and-clinics/specialty-and-treatment-centers/cancer-prevention/aspire/index.html CAN-ADAPTT https://www.nicotinedependenceclinic.com/English/CANADAPTT/Guideline/Pregnant%20and%20Breastfeeding%20Women/Home.aspx Pregnets toolkit https://www.acog.org/~/media/Departments/Tobacco%20Alcohol%20and%20Substance%20Abuse/SCDP.pdf Tobacco: Recovery Across the Continuum http://www.centerforebp.case.edu/practices/trac
2.7.4 Implement innovative evidence-based strategies to reduce low birth weight and preterm birth.	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** Nurse Family Partnership http://www.nursefamilypartnership.org/communities/model-elements Centering Pregnancy http://centeringhealthcare.org/pages/centering-model/model-overview.php IMPLICIT: Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques http://www.fmec.net/Documents/FMECIMPLICITcollaborativeproject.pdf
2.7.5 Implement innovative evidence-based strategies to reduce and prevent obesity in children and adolescents.	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** MEND – Mind, Exercise, Nutrition… Do it! http://www.mendcentral.org/

Project Option	Notes
	Technology Supported Multi Component Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss http://www.thecommunityguide.org/obesity/TechnologicalCoaching.html Coordinated Approach to Child Health -- CATCH http://catchinfo.org/ SPARK http://www.sparkpe.org/
2.9 Establish/Expand a Patient Care Navigation Program	
2.9.1 Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care (for example, patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients, recent immigrants, the uninsured, those with low health literacy, frequent visitors to the ED, and others)	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** Freeman Model of Patient Navigation/Coordination of Care Model http://www.hpfreemanpni.org/our-model/ Chronic Care Model /Wagner's Care Model http://www.ihi.org/resources/pages/changes/changestoimprovechroniccare.aspx http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2 Collaborative Care Model (as part of Chronic Care Model) With respect to practitioners in an academic environment http://www.ahrq.gov/professionals/education/curriculum-tools/chroniccaremodel/chronic2a4.html Universal precautions approach http://health.gov/communication/interactiveHLCM/index.html Health literacy patient survey http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool17d.html Transformation for Health (TFH)/ Transformacion Para Salud (TPS) Patient navigation model for chronic disease self-management http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No2-May-2012/Transformacion-Para-Salud-Patient-Navigation-Model.html
2.10 Use of Palliative Care Programs	
2.10.1 Implement a Palliative Care Program to address patients with end-of-life decisions and care needs	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** National Quality Forum: A National Framework and Preferred Practices for Palliative and Hospice Care Quality https://www.qualityforum.org/Publications/2006/12/A_National_Framework_and_Preferred_Practices_for_Palliative_and_Hospice_Care_Quality.aspx Clinical guidelines for end of life care http://annals.org/article.aspx?articleid=738967

Project Option	Notes
2.12 Implement/Expand Care Transitions Programs	
2.12.2 Implement one or more pilot intervention(s) in care transitions targeting one or more patient care units or a defined patient population.	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** The Transitional Care Model (TCM) http://www.transitionalcare.info/essential-elements Coleman's Care Transition Intervention (CTI) http://caretransitions.org/about-the-care-transitions-intervention/ Guided Care http://www.guidedcare.org/about-us.asp Project RED (Re-Engineered Discharge) https://www.bu.edu/fammed/projectred/components.html\ Better Outcomes for Older Adults through Safe Transitions (BOOST) http://www.hospitalmedicine.org/Web/Quality___Innovation/Implementation_Toolkit/Boost/Overview.aspx AHRQ IDEAL Discharge Planning http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy4/index.html Geriatric Resources for Assessment and Care of Elders (GRACE) http://medicine.iupui.edu/iucar/research/grace/ The Bridge Model- Formally Enhanced Discharge Planning Program (EDPP) http://www.transitionalcare.org/the-bridge-model/ Interventions to Reduce Acute Care Transfers- Interact https://interact2.net/about.html STate Action on Avoidable Rehospitalizations (STARR) http://www.ihi.org/engage/Initiatives/completed/STAAR/Pages/default.aspx IHI/RWJF Transforming Care at the Bedside (TCAB) http://www.ihi.org/resources/Pages/Tools/TCABHowToGuideSpreadingInnovations.aspx
2.13 Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services	

Project Option	Notes
2.13.1 Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals in the target population to prevent unnecessary use of services	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. **Proposed Evidence Based Models and Promising Practices** Attachment, Regulation and Competency Model (ARC) http://www.traumacenter.org/research/ascot.php Sequential Intercept Model http://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544 Cognitive Enhancement Therapy http://cetcleveland.org/
2.15 Integrate Primary and Behavioral Health Care Services	
2.15.1 Design, implement, and evaluate projects that provide integrated primary and behavioral health care services	HHSC recommends keeping this project option and will solicit suggestions from Clinical Champions submitted in the Transformational Impact Summaries for specific models/best practices that can be recommended to providers who want to propose replacement projects in this area. HHSC intent is to provide more direction for projects in this area to describe specific levels of integration in order for replacement projects to select level of integration they are proposing to achieve. **Proposed Evidence Based Models and Promising Practices** NCCBH Four Quadrant Model http://www.ibhp.org/uploads/file/Four Quadrant Model updated 2-06.pdf InSHAPE® (Self Health Action Plan for Empowerment) http://www.kenjue.com/inshape/ CIHS Standard Framework for Levels of Integrated Healthcare http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf
2.17 Establish improvements in care transition from inpatient setting for individuals with BH/SA disorders.	
2.17.1 Design, implement, and evaluate interventions to improve care transitions from the inpatient setting for individuals with mental health and/or substance abuse disorders.	HHSC recommends keeping this project option but **moving** this project option to project area 2.12 as a BH specific project option.