REGIONAL HEALTHCARE PARTNERSHIP 9
LEARNING COLLABORATIVE PLAN

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APPROACH TO COLLABORATIVE LEARNING

Background and Overview

The RHP 9 Plan, which consists of the portfolio of projects, outcomes and reporting elements currently in the review and approval process, serves as the basis of the RHP 9 Learning Collaborative Plan ("the LC Plan"). As of September 30, 2013, the RHP 9 Plan is comprised of 115 Category 1 and Category 2 projects ("Interventional Projects") that are aligned with over 400 individually measured outcomes ("Outcomes Measures") with the hospital providers providing the Category 4 reporting elements.

RHP 9 has embarked in the process of considering New Three-Year Projects for inclusion in the RHP 9, but that process will conclude later in DY 3. This Learning Collaborative Plan ("the LC Plan") may be modified, as appropriate, upon the completion of the Plan Modification process with the addition of new Three Year DSRIP projects.

The framing concept for the Texas Healthcare Transformation and Quality Improvement Program ("the Waiver") design is that the successful implementation of evidence-based Interventional Projects will drive improvement in Outcomes Measures that will result the transformational improvement of the health status of the population. The RHP 9 Learning Collaborative Plan ("LC Plan") described in this document reflects this design by placing sequential emphasis on Intervention Projects and Outcome Measures viewed against the backdrop of population health status improvement.

RHP 9 LC Plan Aims

The overarching aim of the RHP 9 approach to collaborative learning is to assure that the expertise, tools and resources are organized and deployed in a manner to promote strong collaborative learning and sharing within the region and to produce maximal individual and collective performance in all aspects of the RHP 9 Plan. To achieve this aim, the LC Plan encompasses four main collaborative learning activities:

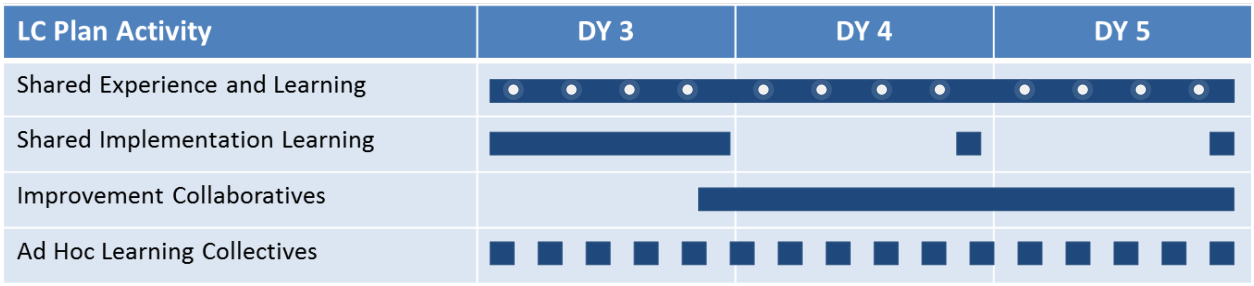
- **Region-Wide Shared Experience and Learning** – designed to convene all performing providers, share experiences, and provide ongoing communication and performance monitoring information during DYs 3-5.
- **Shared Implementation Learning** – focused primarily in DY 3 to share the regional experience and best practices related to groupings of similar Interventional Projects

with the aim that all RHP 9 providers will successfully launch and complete their Category 1 and 2 Projects meeting associated milestones and metrics.

- **Improvement Collaboratives** – initiated in late DY 3 and conducted through the remainder of the Waiver demonstration period, institute 3-5 carefully structured and resourced Improvement Collaboratives through use of the IHI Breakthrough Series Improvement Collaborative model. These collaboratives will be centered on groupings of high impact outcome measures and/or population health status indicators (Category 4).
- **Ad Hoc Learning Activities** – conducted throughout DYs 3-5, these activities will be tailored to address specific concerns that would benefit from the application of an improvement model approach. These activities are expected to be of short duration and of reasonably tight scope. Support of the ad hoc improvement functionality will provide adaptive flexibility to the RHP 9 Plan implementation.

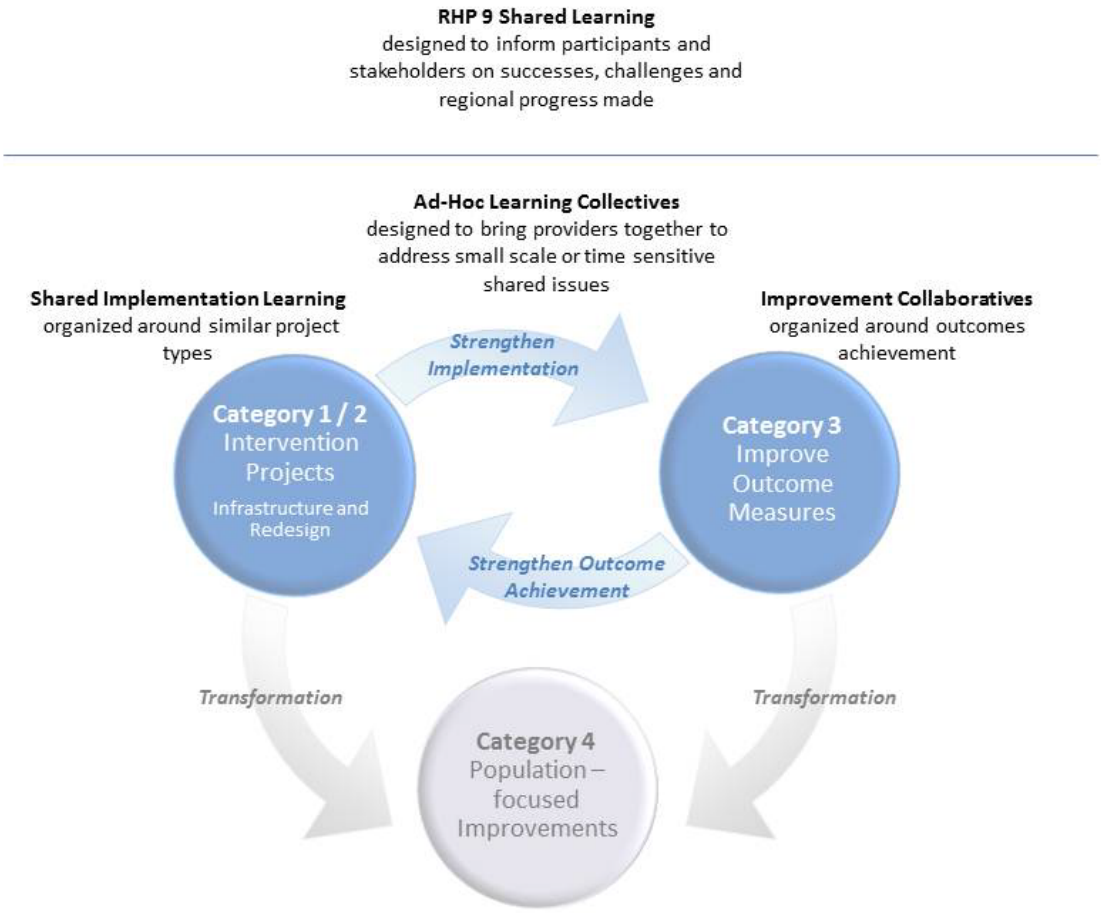
As displayed in the table below, the LC Plan activities will be distributed throughout DYs 3 through 5.

Figure 1



The figure that follows presents a relationship schematic overview of the LC Plan design elements with regard to the Categories 1 and 2, Category 3 and Category 4 DSRIP Program elements. Each of the LC Plan components will be described in more detail in the next section of this LC Plan.

Figure 2



Methodologies

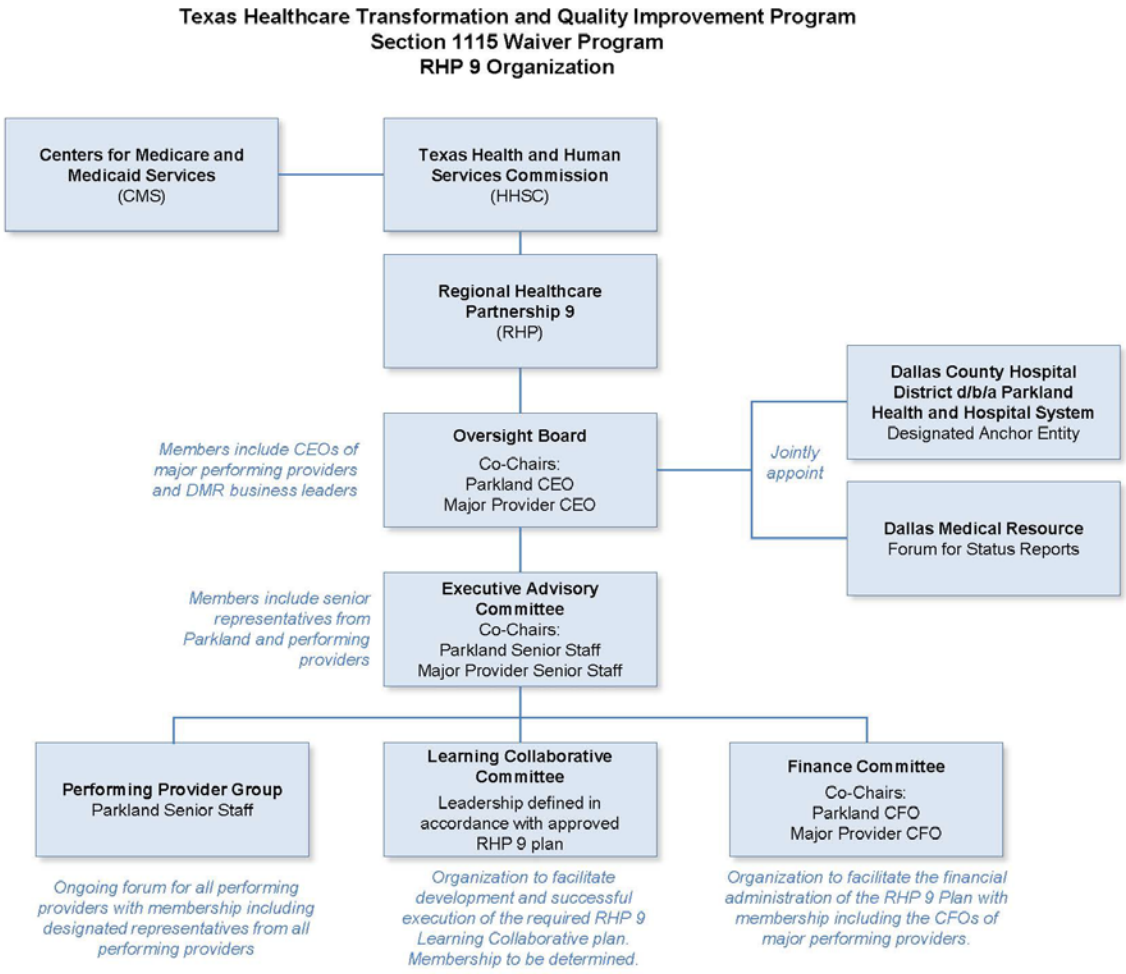
As described above, the RHP 9 LC Plan anticipates that there will be a number and variety of concurrent organized learning activities occurring throughout the remainder of the demonstration period. Mainly, RHP 9 learning activities will utilize The Model for Improvement which includes the PDSA (Plan, Do, Study, Act) cycle or its variant the PDCA (Plan, Do, Check, Act) cycle. The LC Plan allows that in special circumstances, an alternate improvement model may have better fit and may be utilized.

Organizing Structure

As the anchoring entity and in the context of its DSRIP project 127295703.1.4, Quality Through Transformation Initiative, Parkland will play a central role in organizing and resourcing the LC Plan activities.

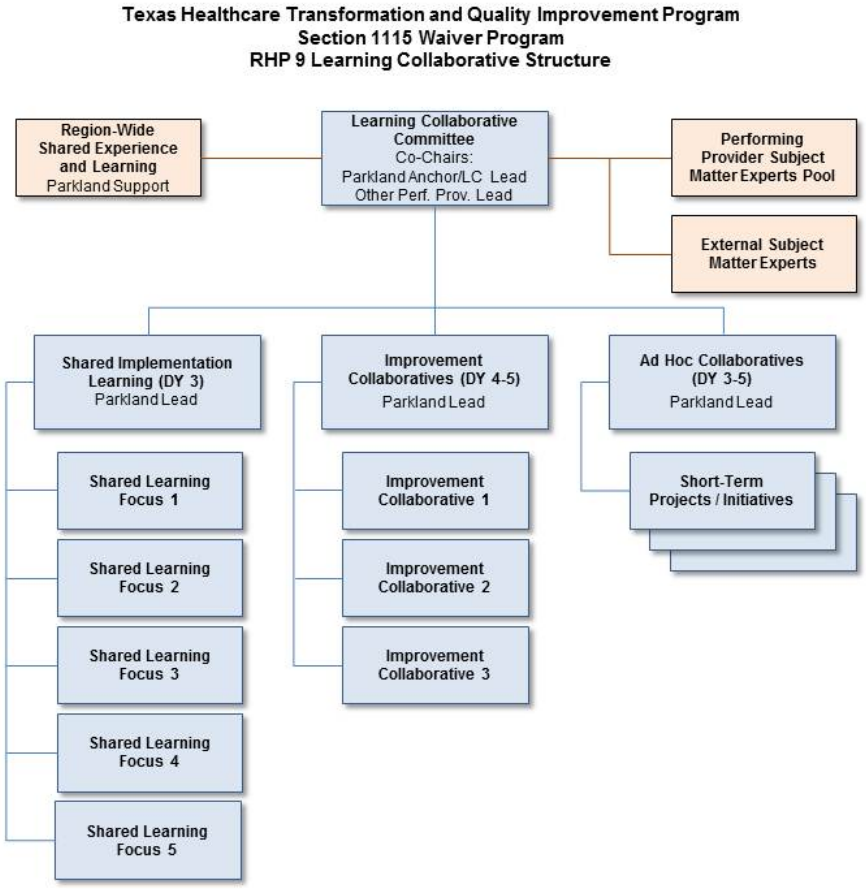
The following chart presents the organizing structure for the region and demonstrates its relationship to the LP Plan structure. The Oversight Board is appointed by Parkland (the anchoring entity) and the community-based organization, Dallas Medical Resource. In addition to providing both provider-based and community-based oversight for the RHP 9 Plan performance, this structure assures that the Learning Collaborative activities are centered in the RHP oversight focus which will empower and strengthen the work envisioned in the LC Plan.

Figure 3



The Oversight Board has appointed the Executive Advisory Committee to lead the day-to-day activities of RHP 9. Reporting through the Executive Advisory Committee, The Learning Collaborative Committee, described in the RHP 9 organizational chart will serve as the governing entity overseeing the coordination and execution of the LC Plan. The following chart presents the organizing structure for the RHP 9 Learning Collaborative activities.

Figure 4



The Learning Collaborative Committee will organize and conduct the RHP 9-Wide Shared Experience and Learning activities (with support provided by Parkland staff) and oversee the three structural arms designed to provide leadership and coordination for the main LC Plan actvities. The Learning Collaborative Committee will also organize and orchestrate access to Subject Matter Experts coming either from among the RHP 9 performing provider entities or from external sources.

COLLABORATIVE LEARNING ACTIVITIES

In consideration of the size, complexity and number of performing providers in RHP 9, the LC Plan lays out four main learning activities that will be organized, resourced and managed.

Region-Wide Shared Experience and Learning

Aims

The Region-Wide Shared Experience and Learning program will structure the convening, communication, and performance monitoring functions with respect to the RHP 9 Plan. The purpose of this activity is to provide a forum through which all performing providers can engage in and improve the performance of the region as a whole with respect to the RHP 9 Plan. It will provide the forum for sharing successes, working through challenges, entertaining ideas and suggestions and raising concerns. The findings and feedback obtained through this activity will inform the Learning Collaborative Committee and may generate ad hoc learning project work.

Frequencies

Continuous - RHP 9 will provide the project management and communication platforms which are discussed later in the LC Plan. Through the electronic communication platform(s), RHP 9 will provide continuous information flow to all performing providers – including discussion boards / suggestion box capability and continuous project performance updates.

Regular Quarterly Meetings – DSRIP project leads and key performing provider representatives will meet quarterly to discuss program updates and review RHP 9 performance through the use of dashboards. As provided in DSRIP Project ID 127295703.1.4 – Quality Through Transformation Initiative (QTTI), the RHP 9 Performance Dashboard(s) will include monitoring reporting on:

- Individual and collective project performance relative to work plans to track progress being made toward annual and program milestones
- Individual and collective project performance relative to completion of scheduled milestone and metric achievement
- Individual and collective Category 1 and 2 project cascade to Category 3 outcome measures, highlighting progress being made in the translation of intervention to outcome
- Individual and collective Category 3 performance relative to milestones and metric goals

The first meeting for this activity will occur in October 2013 and will serve as a regional orientation to the RHP 9 project portfolio and the LC Plan. A regular quarterly meeting schedule will be set for the remainder of the Waiver demonstration period. The scope and content of the quarterly performance reporting will mature as the region completes the implementation of its Performance Logic software platform.

Leadership and Staffing

A Parkland Anchor Lead representative and QTTI Lead representative will lead the RHP 9-Wide Shared Experience and Learning activities. The Anchor Lead representative will contribute regional and state-wide programmatic context and serve as a conduit to HHSC and CMS. The QTTI Lead representative will coordinate the Region-Wide Shared Experience and Learning activities with the other formal and informal collaborative activities.

Methodology

The Model for Improvement will be broadly applied to the Region-Wide Shared Experience and Learning activities - addressing the three questions as follows:

- What are we trying to accomplish (aim)?

  The RHP 9 Plan sets out three broad goals that integrate the Triple Aim and the Community Needs Assessment. The goals include: Reduce Capacity Constraints, Improve Care Coordination and Management, and Strengthen Provider Performance. Each of the RHP 9 Interventional Projects was designed to address one or more of these regional aims.

- How will we know that a change is an improvement (measures)?

  Each Interventional Project was selected from a menu of evidence-based projects that have demonstrated improvement outcomes. Each RHP 9 Project has process, improvement and associated outcome measures. The RHP 9 measurement system is imbedded in its plan.

- What changes can we make that will result in improvement (changes)?

  The portfolio projects and outcomes in the RHP 9 Plan provides the set of intended changes.

Through the Region Wide Shared Experience and Learning activities, all participants in the region will monitor the implementation of the portfolio of projects and their demonstrated results.

Tools and Resources

The main tool that will support the Region-Wide Shared Experience and Learning activities will be the Performance Logic electronic infrastructure that captures all of the RHP 9 projects, project status and project-related milestones and metrics. See the Resources and Tools section of this plan for more detail.

Shared Implementation Learning

With focus in DY 3, the Shared Implementation Learning activities will establish and conduct between 3 and 7 formal learning structures to facilitate and coordinate sharing among providers with respect to Interventional Projects with similar characteristics – relying most significantly on like project categories and project options to group projects. Appendix A presents the current RHP 9 project portfolio and highlights candidate groupings that will be considered for framing Shared Implementation Learning. The Learning Collaborative Committee will determine the initial set of defined Shared Implementation Learning groups. Five Interventional Projects topic areas, accounting for just above 50 percent of the DY 2 and 3 Interventional Project value, appear as strong initial candidates:

Candidate Topic Areas	Unique Projects	Unique Providers	Percent of DY2 and 3 Project Value
Primary Care Expansion Programs	13	9	15
Medical Homes Programs	8	7	9
Chronic Disease Management Programs	12	12	7
Navigation Service Programs	14	12	11
Care Transitions Programs	9	7	9

Participation in each of the Shared Implementation Learning groups will be open to all RHP 9 performing providers and stakeholders.

Aims

The purpose of the Shared Implementation Learning collaborations will be to share experiences related to project implementation–successes and challenges, to support and facilitate the full accomplishment of each project's milestones and metrics, to celebrate accomplishments and to design targeted implementation course corrections as required. The aim for this improvement

activity is to promote strong regional sharing of best practices that will strengthen the implementation performance of all providers.

Each Collaboration group will establish the charter, aims, leadership, subject matter experts, timeframe, work plan, learning sessions, action periods and measurement plan specific to the topic and team composition.

Frequencies

The Shared Implementation Learning collaborative work will be concentrated in DY 3 to focus support for Interventional Project implementation intended to initiate successful completion trajectories for the entire the Waiver demonstration.

It is expected that each of the Shared Implementation Learning collaborative groups will have durations of 6-9 months and that their Learning Sessions will be set at a monthly or bi-monthly intervals throughout the collaborative duration. Each of the Shared Implementation Learning groups will also conduct post-completion touch points at least annually in DY 4 and DY 5 to track progress – these touch points may trigger ad hoc course correction activity.

Leadership and Staffing

Staff support for each Shared Implementation Learning group will be provided by Parkland, but each group will determine its leadership structure based on the skills and competencies of the individuals in the group and the requirements of the topic-specific collaborative. If any group believes there would be benefit to securing internal or external subject matter experts to contribute to the work of the group, a request for those support resources will be made to the Learning Collaborative Committee for consideration and coordination.

Methodology

The Model for Improvement will be applied more narrowly to the Shared Implementation Learning activities - addressing the three questions as follows:

- What are we trying to accomplish (aim)?

  For each selected topic, an aim statement will be compiled from the Interventional Project narratives associated with the specific topic. In this way, the aim will be highly customized and applicable to the enrolled providers.

- How will we know that a change is an improvement (measures)?

  Each Interventional Project was selected from a menu of evidence-based projects that have demonstrated improvement outcomes. For each enrolled RHP 9 Project, the

compilation of the process and improvement milestone and metrics and associated outcome measures will constitute the intended improvement change.

- What changes can we make that will result in improvement (changes)?

  The compilation of project plans for each enrolled RHP Project will serve as the change basis (the Plan) against which the PDSA model will be applied.

Using the compiled Plan, the Shared Implementation Learning topic groups will monitor the progress made in "Doing" the interventions. Based on performance against the measures, each topic group will "Study" the results to glean insights as to what is working, what is not, which best practices should be "Acted" upon to be made permanent and/or replicated to supplant practices that are not yielding equal success – move to the "Plan" top of the PDSA cycle.

Measurement System

The Shared Implementation Learning measurements will be designed to align with the key process and improvement milestones and metrics associated with the related Interventional Projects. All participants will agree to report any Collaborative measures that are not included in their approved project design to complete the Collaborative measurement set.

Tools and Resources

The Performance Logic infrastructure will capture the reporting, work planning, information and measurement capture and sharing, and meeting activities.

Improvement Collaboratives

While the efforts in DY 3 will be focused on the Interventional Projects designed to drive outcomes, the DY 4 and 5 Improvement Collaboratives will shift focus to outcomes achievement by identifying and testing improvement opportunities and course corrections that will contribute to achieving the outcome goals described in individual projects and collectively for the region as a whole. With 18 months of actual performance in place, detailed planning for the Improvement Collaboratives will begin in mid DY 3 to assure sufficient preparation time to initiate Improvement Collaborative conduct by the beginning of DY 4.

It is expected that the Improvement Collaborative efforts will be much more complex, have broader scope, have longer duration and involve a larger number of participants in each collaborative. Accordingly, the LC Plan contemplates that 1 to 3 Improvement Collaboratives will be conducted in the DY 4-5 period.

Appendix B presents the current RHP 9 outcome measures portfolio and highlights groupings that may suggest candidates for Improvement Collaborative topics. The outcomes measures groupings include the following:

Candidate Topic Areas	Unique Measures	Measures Instances	Estimated Percent of DY2 and 3 Project Value
Primary Care and Chronic Disease Management Measures – adherence to best practices	12	69	25
Potentially Preventable Re-Admissions (PPRs)	5	22	20
Right Care, Right Setting	4	23	18

In mid-DY 3, RHP 9 will have collected performance data for about 18 months. The data will be assessed to identify areas in which outcome measure improvement and progress to target may have identified some challenges. Further, Improvement Collaborative topic(s) selection will be influenced by the breadth of meaningful participation among the RHP 9 performing providers. It is in the intent that the Improvement Collaborative(s) will attract providers across the spectrum of entity types and engage wide participation within the RHP.

Aims

The aim of the Improvement Collaboratives in DYs 4 and 5 is to institute the IHI Breakthrough Series Improvement Collaborative model and through its application to accelerate and expand upon the RHP 9 achievement of regional outcomes goals and population health status performance.

Each of the Waiver outcome domains and measures has been vetted as appropriate bases for measuring transformational change. Accordingly, for each of the 1 to 3 Improvement Collaboratives, specific aims will be established that leverage and promote the achievement of RHP's individual entity and collective regional outcomes goals/targets. Aligning and integrating the Improvement Collaborative work with the Waiver projects is intended to enhance / optimize the transformational value of the Waiver.

Frequencies

Because the Improvement Collaborative work is likely to be more complex and engage a larger number and wider range of performing providers, we would anticipate a longer duration for each collaborative such that they would more likely range from 12-15 months.

It is anticipated that the Improvement Collaborative development and conduct will align with the IHI BTS methodology which will be very interactive throughout the Collaborative duration. The Learning Collaborative Committee will deliberate and select the Improvement Collaborative topic(s), obtain the topic endorsement of the RHP 9 Executive Advisory Committee and Oversight Board, and establish the leadership through which subject matter experts and application experts will be recruited.

In accordance with the IHI Improvement Collaborative model, there will be approximately three major face-to-face learning sessions with structured interactive action periods between the learning sessions. The intervening work will involve intra- and/or inter-organizational change activities.

Leadership and Staffing

Overall leadership and accountability for the Improvement Collaboratives will come from Parkland. Regular communication with and to senior leaders from the participating organizations is expected to guide and support the improvement teams and to encourage the sustainability of the teams' effective changes. Parkland, with the advice and oversight of the Learning Collaborative Committee, will recruit and organize subject matter experts and support resources.

Methodology

In accordance with IHI Improvement Collaborative model, the Model for Improvement will be applied to the Improvement Collaborative activities - addressing the three questions as follows:

- What are we trying to accomplish (aim)?

  For each selected topic, an aim statement will be compiled from the outcome measures (or a subset thereof) within the selected outcome domain.

- How will we know that a change is an improvement (measures)?

  The goals / targets associated with the compilation of outcome measures will serve as the basis for measurement and target setting for the topic area.

- What changes can we make that will result in improvement (changes)?

  The starting point for examining the change set will be pulling together a compilation of the Interventional Projects that were linked to and designed to drive the intended outcomes (the Plan).

Using the compiled Plan, the Learning Collaborative topic groups will examine the relationship between the progress made in "Doing" the interventions relative to the results presented in the

outcomes performance. Based on performance against the measures, each topic group will "Study" the results to glean insights as to what is working, what is not, which best practices should be "Acted" upon to be made permanent and/or replicated to supplant practices that are not yielding equal success – move to the "Plan" top of the PDSA cycle. The groups will also study alternatives to achieving impact in the outcomes arena to generate ideas as to course corrections that should be tested in the activity periods that may improve and better align outcomes performance to goal.

Measurement System

The Improvement Collaborative measurements will be designed to align and expand upon the key outcomes measures associated with the selected topic areas. As a condition of enrollment in the Improvement Collaborative, participants will agree to report Collaborative measures through the shared Performance Logic platform.

Tools and Resources

The Performance Logic infrastructure will capture the reporting, work planning, information and measurement capture and sharing, and meeting activities.

Ad Hoc Learning Activities

It is anticipated that there will be a need to organize and conduct some multiple-entity, small scale, short duration improvement activities which would be best addressed through the application of an improvement model. Accordingly, this LC Plan makes explicit provision for these activities. These activities will be commissioned for RHP 9 endeavors that are not included in the scope of either Shared Implementation Learning or Improvement Collaborative activities. They will arise from performance variances of more than one performing provider or provider system. Requests for ad hoc learning activities will be made to the Learning Collaborative Committee which will make a determination as to the allocation of available support and resources.

Aims

The aim of the Ad Hoc Learning activities throughout DYs 3 through 5 is to provide performance improvement resources to address specific multiple-entity barriers to successful performance in a short-term, targeted manner.

Frequencies

Because the nature of this ad hoc work will be tailored to the circumstances, the duration and frequencies will vary.

Leadership and Staffing

Parkland, with the advice and oversight of the Learning Collaborative Committee, will provide or solicit appropriate volunteer resources to address as appropriate to each instance.

Methodology

The PDSA methodology will be best informed by the trigger that called for the formation of an Ad Hoc Improvement activity:

- What are we trying to accomplish (aim)?

  The specific barrier or course deviation problem will provide the basis for the problem statement from which the aim will be constructed.

- How will we know that a change is an improvement (measures)?

  The original DSRIP project measurements will evaluated and may be maintained, altered or expanded to meet the ad hoc improvement activity purpose.

- What changes can we make that will result in improvement (changes)?

  The Ad Hoc team will prepare a change package based on the specific circumstances. The change package should be limited able to be rapidly implemented.

The narrow and short term nature of the Ad Hoc Improvement activity will require that the PDSA cycle be conducted with short intervals and rapid turnaround.

Measurement System, Tools and Resources

It may be appropriate to rely on the measurement system captured through the shared Performance Logic platform or to expand the system to capture and report additional measures.

STRUCTURAL ELEMENTS

Governance – The Learning Collaborative Committee

The Learning Collaborative Committee will govern the conduct of the RHP 9 formal learning activities pursuant to the Learning Collaborative Plan. The Learning Collaborative Committee reports to the RHP 9 Executive Advisory Committee and to the Oversight Board. The Learning Collaborative Committee will select the topic areas for Shared Implementation Learning and Improvement Collborative activities and will make determinations regarding the appropriateness of solicitation of expert resources and initiation of ad hoc learning activities.

The Committee will be co-chaired by a Parkland Lead representative and Lead Representative from another RHP 9 Performing Provider. Learning Collaborative Committee will have eight to ten members. Membership in the committee will include a representative from Dallas Medical Resources and at least one representative from the following organization types: safety net hospital, non-safety net hospital, county health department, community mental health center and academic physician practice. The composition of the committee should include:

- Individuals who have direct DSRIP project leadership to provide a perspective as to how the learning activities can support and leverage project goals achievement,
- Individuals with roles in the behavioral health arena who can assure that learning activites embrace activities important to the integration of behavioral health goals,
- Individuals with strong PI leadership and management experience, particularly those with IHI Improvement Collaborative experience to provide expert subject matter guidance, and
- A senior leader of a participating provider for senior leadership perspective on organizational engagement and post-implementation sustainability.

Membership will be established for an annual period; members can serve more than one term. The membership roster will be proposed to the Executive Advisory Committee and approved by the Oversight Board in October of DYs 3, 4 and 5.

The Learning Collaborative Committee will set its own meeting schedule which may be more frequent and concentrated during the period in which topic selection is occurring, but will meet at least quarterly throughout the DYs 3 through 5.

While the Committee will provide broad, informed and representative governance of the Learning Collaborative activities, Parkland retains the exclusive authority to commit Parkland

resources.

Leadership and Staffing

Parkland will provide at least one full-time professional to lead the Learning Collaborative activities and will provide appropriate analytic, project management and clerical support from within the QTTI resource pool or from alternate health system resource pools. Parkland will provide a professional with IHI Improvement Collaborative training or equivalent by mid-DY 3 to assure appropriate Improvement Collaborative expertise will be available to provide topic selection guidance and conduct the necessary pre-work prior to DY 4. (This individual may be the same as the Parkland Lead representative.)

For each formal learning activity associated with the Shared Implementation Learning and the Improvement Collaboratives, the composition of the individual teams will be determined as appropriate for the topic, charter, aims, measurements and scope of each activity. It is contemplated that individual activities may be lead by non-Parkland staff as appropriate to the project. In general, however, Parkland will provide the supporting resources and infrastructure support.

Subject Matter Experts

The need for, and composition of, subject matter experts will be determined in association with each learning activity project by the project leaders. The Learning Collaborative Committee will solicit subject matter experts from among the RHP 9 performing providers and will maintain a pool of experts for projects, as appropriate. The learning activity project leadership may petition the Learning Collaborative Committee to obtain access to external subject matter experts to provide learning activity support. The Learning Collaborative Committee will render a recommendation. Parkland will retain the exclusive authority to commit Parkland resources to obtain external subject matter experts.

Measurement System

All learning activities will engage in regular measurement and assessment activities. It is contemplated that the DSRIP project related measurements will serve as a primary measurement system. In this way, each formal learning activity will enhance and reinforce the RHP 9 plan implementation and target achievement. However, in most formal learning activities, additional measures will be established to support action period learning. The Performance Logic system will serve as the central, shared platform for capturing and reporting all waiver-related and learning activity measurements.

RESOURCES AND TOOLS

Data Management Platform

The Performance Logic platform has been acquired to serve as the central repository for RHP 9 Waiver-related functions. Each of the region's DSRIP projects is being loaded into the Performance Logic platform to house:

- An overview of the project's status
- The project plan based on the approved project narrative, milestone and metrics and associated outcomes
- Capture of the project measures (process and improvement milestones and metrics) and related outcomes measures
- Issues associated with project implementation
- A repository of project related documents
- Meeting documentation (agendas, attendance and actions)
- Project team composition and contact information

Using this framework, each formal learning activity will be captured as a project in Performance Logic with the same information and format for capture and tracking. The LC Plan activities will have very broad transparency and accessibility across the RHP 9 participants to encourage collaboration and sharing.

Communication Plans

As presented in the Region-Wide Shared Experience and Learning description, the Learning Collaborative Committee will provide regular status reports (generally quarterly) regarding the status, successes and challenges associated with the LC Plan and related activities. The reports will be made to the Executive Advisory Committee and to the Oversight Board and circulated to all performing provider lead representatives to circulate to their teams. As appropriate, the report will be shared with stakeholder groups and other external audiences.

Appendix A

RHP 9 Interventional Project Portfolio

(As of September 30, 2013)

Appendix A

Project Option	Section/Option Title	Interventional Projects: Project ID	DY 2 & 3 Project Value	Percent of Total

Category 1 -Infrastructure Projects

1.1	**Expand Primary Care**			
	1.1.1 - Establish more primary care clinics			
	Baylor Medical Center at Carrollton	195018001.1.1	600,110	
	Children's Medical Center	138910807.1.1	6,828,278	
	HCA Medical City Dallas Hospital	020943901.1.3	1,800,809	
	Parkland Memorial Hospital	127295703.1.6	15,360,089	
	UT Southwestern Medical Center	126686802.1.1	1,758,273	
	1.1.2 - Expand existing primary care capacity			
	Baylor Medical Center at Garland	121790303.1.1	896,769	
	Baylor Medical Center at Irving	121776204.1.1	765,744	
	Baylor University Medical Center	139485012.1.1	4,302,713	
	Children's Medical Center	138910807.1.2	6,303,026	
	Parkland Memorial Hospital	127295703.1.1	15,172,771	
	Parkland Memorial Hospital	127295703.1.2	10,770,794	
	Texas Health Presbyterian Hospital Dallas	020908201.1.1	2,835,557	
	UT Southwestern Medical Center	126686802.1.2	6,076,938	
			73,471,871	**15%**
1.2	**Increase Training of Primary Care Workforce**			
	1.2.1 Update primary care training programs to include training on the medical home and			
	UT Southwestern Medical Center	126686802.1.7	3,765,644	
	UT Southwestern Medical Center	126686802.1.8	2,446,444	
	1.2.2 Increase the number of primary care providers and other clinicians/staff			
	UT Southwestern Medical Center	126686802.1.10	1,800,000	
	UT Southwestern Medical Center	126686802.1.9	4,703,644	
			12,715,732	**3%**
1.3	**Implement at Chronic Disease Management Registry**			
	1.3.1 - Implement/enhance and use chronic disease management registry functionalities			
	Children's Medical Center	138910807.1.3	6,303,026	
	Parkland Memorial Hospital	127295703.1.3	14,329,840	
			20,632,866	**4%**
1.4	**Enhance Interpretation Services and Culturally Competent Care**			
	1.4.1 - Expand access to written and oral interpretation services			
	Parkland Memorial Hospital	127295703.1.7	13,955,203	
			13,955,203	**3%**

Appendix A

Project Option	Section/Option Title	Interventional Projects: Project ID	DY 2 & 3 Project Value	Percent of Total
1.7	**Introduce, Expand or Enhance Telemedicine/Telehealth**			
	1.7.1 - Implement telemedicine program to provide or expand specialist referral services in			
	HCA Medical City Dallas Hospital	020943901.1.1	2,646,086	
	HCA Medical City Dallas Hospital	020943901.1.2	1,844,085	
	Lakes Regional MHMR	121988304.1.2	993,683	
	UT Southwestern Medical Center	126686802.1.4	7,558,087	
			13,041,941	**3%**
1.8	**Increase, Expand and Enhance Dental Services**			
	1.8.1 -Establish a multi-week externship program for fourth year dental students to provide			
	Texas A&M Health Science Center / Baylor College of Dentistry	009784201.1.1	1,404,843	
	1.8.6 - The expansion of existing dental clinics, the establishment of additional dental clinics,			
	Texas A&M Health Science Center / Baylor College of Dentistry	009784201.1.2	4,063,735	
	1.8.9 - The implementation or expansion of school-based sealant and/or fluoride varnish			
	Texas A&M Health Science Center / Baylor College of Dentistry	009784201.1.3	1,190,943	
			6,659,521	**1%**
1.9	**Expand Specialty Care**			
	1.9.2 - Improve access to specialty care			
	Baylor Medical Center at Carrollton	195018001.1.2	125,022	
	Baylor Medical Center at Garland	121790303.1.2	794,282	
	Baylor Medical Center at Irving	121776204.1.2	628,302	
	Baylor University Medical Center	139485012.1.2	3,723,501	
	Parkland Memorial Hospital	127295703.1.5	12,175,681	
			17,446,788	**4%**
1.10	**Enhance Performance Improvement and Reporting Capacity**			
	1.10.2 - Enhance improvement capacity through technology			
	UT Southwestern Medical Center	126686802.1.6	3,322,116	
	UT Southwestern Medical Center	126686802.1.12	3,541,654	
	1.10.3 - Enhance improvement with systems			
	Parkland Memorial Hospital	127295703.1.4	8,054,681	
			14,918,451	**3%**
1.12	**Enhance service availability to appropriate levels of behavioral health care**			
	1.12.2 - Expand the number of community based settings where behavioral health services			
	Children's Medical Center	138910807.1.4	6,303,026	
	Dallas County MHMR / Metrocare Services	137252607.1.2	3,705,743	
			10,008,769	**2%**

Appendix A

Project Option	Section/Option Title	Interventional Projects: Project ID	DY 2 & 3 Project Value	Percent of Total
1.13	**Development of behavioral health crisis stabilization services as alternatives to hospitalization**			
	1.13.1 - Develop and implement crisis stabilization services to address the identified gaps in			
	Dallas County Health and Human Services	121758005.1.1	8,397,875	
	Lakes Regional MHMR	121988304.1.1	2,988,027	
			11,385,902	**2%**
1.14	**Develop Workforce Enhancement Initiatives to Support Access to Behavioral health Providers in**			
	1.14.1 - Provide training to enhance the development of specialty behaviroal healthcare and			
	Dallas County MHMR / Metrocare Services	137252607.1.1	523,001	
			523,001	**0%**
	Total Category 1	**41 Projects**	**$194,760,045**	**41%**

Category 2 -Innovation and Redesign Projects

2.1	**Enhance/Expand Medical Homes**			
	2.1.1 - Develop, implement, and evaluate action plans to enhance/eliminate gaps in the			
	Children's Medical Center	138910807.2.1	7,676,699	
	HCA Medical City Dallas Hospital	020943901.2.4	1,521,064	
	Methodist Dallas Medical Center	135032405.2.3	1,369,355	
	Parkland Memorial Hospital	127295703.2.1	12,362,999	
	Parkland Memorial Hospital	127295703.2.11	7,961,022	
	UT Southwestern Medical Center	126686802.2.1	6,088,459	
	2.1.2 - Collaborate with an affiliated patient care facility			
	Doctor's Hospital at White Rock Lake	094194002.2.1	1,163,200	
	Texas Health Presbyterian Hospital Dallas	020908201.2.3	5,447,819	
			43,590,617	**9%**

Appendix A

Project Option	Section/Option Title	Interventional Projects: Project ID	DY 2 & 3 Project Value	Percent of Total
2.2	**Expand Chronic Care Management Models**			
	2.2.1 - Redesign the outpatient delivery system to coordinate care for patients with chronic			
	Denton County HHS	136360803.2.1	2,099,469	
	Parkland Memorial Hospital	127295703.2.4	16,296,680	
	Texas Health Presbyterian Hospital Denton	020967801.2.2	269,045	
	Texas Health Presbyterian Hospital Kaufman	094140302.2.2	77,703	
	2.2.2 - Apply evidence-based care management model to patients identified as having high-			
	Baylor Medical Center at Carrollton	195018001.2.1	228,613	
	Baylor Medical Center at Garland	121790303.2.1	832,715	
	Baylor Medical Center at Irving	121776204.2.1	647,937	
	Baylor University Medical Center	139485012.2.1	3,916,572	
	Methodist Charlton Medical Center	126679303.2.1	2,375,593	
	Methodist Dallas Medical Center	135032405.2.2	3,744,024	
	Methodist Richardson Medical Center	209345201.2.2	1,050,953	
	UT Southwestern Medical Center	126686802.2.2	3,359,150	
			34,898,454	**7%**
2.4	**Redesign to Improve Patient Experience**			
	2.4.1 - Implement processes to measure and improve patient experience			
	HCA Denton Regional Medical Center	111905902.2.2	964,291	
	HCA Las Colinas Medical Center	020979301.2.1	330,713	
	HCA Medical Center of Lewisville	094192402.2.1	427,614	
			1,722,618	**0%**
2.5	**Redesign for Cost Containment**			
	2.5.1 - Establish a methodology for measuring cost containment and apply to two			
	Parkland Memorial Hospital	127295703.2.5	15,360,089	
			15,360,089	**3%**
2.6	**Implement Evidence-Based Health Promotion Programs**			
	2.6.1 - Engage in population-based campaigns or programs to promote healthy lifestyles			
	Children's Medical Center	138910807.2.2	6,828,278	
	2.6.2 - Establish self-management programs and wellness using evidence-based designs.			
	Texas Health Presbyterian Hospital Dallas	020908201.2.2	1,232,912	
			8,061,190	**2%**
2.7	**Implement Evidence-Based Disease Prevention Programs**			
	2.7.1 - Implement innovative evidence-based strategies to increase appropriate use of			
	Dallas County Health and Human Services	121758005.2.1	308,777	
	Dallas County Health and Human Services	121758005.2.2	847,269	
	2.7.6 - Implement other evidence-based project to implement disease prevention programs			
	Denton County HHS	136360803.2.2	2,099,469	
			3,255,515	**1%**

Appendix A

Project Option	Section/Option Title	Interventional Projects: Project ID	Interventional Projects: DY 2 & 3 Project Value	Interventional Projects: Percent of Total
2.8	**Apply Process Improvement Methodology to Improve Quality/Efficiency**			
	2.8.11 - Project Option: Sepsis			
	HCA Denton Regional Medical Center	111905902.2.1	689,288	
	HCA Medical Center of Lewisville	094192402.2.2	967,463	
	HCA Medical City Dallas Hospital	020943901.2.3	1,919,669	
	2.8.4 - Project Option: Reduction in 30-Day Hospital Readmission Rates (Potentially			
	Parkland Memorial Hospital	127295703.2.12	13,580,566	
	2.8.5 - Project Option: Reduction in Potentially Preventable Complications (PPC)			
	Parkland Memorial Hospital	127295703.2.6	16,296,680	
	2.8.6 - Project Option: Reduce Inappropriate ED Use			
	Denton County MHMR	135234606.2.1	3,015,805	
			36,469,471	**8%**
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			
	Baylor Medical Center at Garland	121790303.2.3	787,877	
	Baylor Medical Center at Irving	121776204.2.3	556,309	
	Baylor University Medical Center	139485012.2.3	3,723,501	
	Children's Medical Center	138910807.2.3	6,828,278	
	HCA Medical Center of Lewisville	094192402.2.3	378,021	
	Methodist Charlton Medical Center	126679303.2.2	4,411,817	
	Methodist Dallas Medical Center	135032405.2.1	6,189,829	
	Methodist Richardson Medical Center	209345201.2.1	1,576,430	
	Parkland Memorial Hospital	127295703.2.7	11,613,726	
	Texas Health Presbyterian Hospital Denton	020967801.2.1	1,443,086	
	Texas Health Presbyterian Hospital Kaufman	094140302.2.1	1,157,211	
	UT Southwestern Medical Center	126686802.2.4	6,718,300	
	UT Southwestern Medical Center	175287501.2.1	2,513,622	
	UT Southwestern Medical Center	175287501.2.2	3,829,781	
			51,727,788	**11%**
2.10	**Use of Palliative Care Programs**			
	2.10.1 - Implement a Palliative Care Program to address patients with end-of-life decisions			
	Parkland Memorial Hospital	127295703.2.8	13,580,566	
			13,580,566	**3%**

Appendix A

Project Option	Section/Option Title	Interventional Projects		
		Project ID	DY 2 & 3 Project Value	Percent of Total
2.11	**Conduct Medication Management**			
	2.11.2 Evidence-based interventions that put in place the teams, technology and processes			
	UT Southwestern Medical Center	126686802.2.6	3,282,835	
	2.11.3 - Implement other evidence based project to develop or enhance Medication			
	Baylor Medical Center at Garland	121790303.2.5	466,641	
	Baylor Medical Center at Irving	121776204.2.5	464,485	
	Baylor University Medical Center	139485012.2.5	2,087,091	
			6,301,052	**1%**
2.12	**Implement/Expand Care Transitions Programs**			
	2.12.1 - Develop, implement, and evaluate standardized clinical protocols and evidence-			
	Doctor's Hospital at White Rock Lake	094194002.2.2	290,800	
	Parkland Memorial Hospital	127295703.2.10	10,302,498	
	Parkland Memorial Hospital	127295703.2.9	12,831,294	
	UT Southwestern Medical Center	126686802.2.5	8,187,928	
	2.12.2 - Implement one or more pilot intervention(s) in care transitions targeting one or			
	UT Southwestern Medical Center	175287501.2.3	3,629,740	
	Baylor Medical Center at Garland	121790303.2.4	526,212	
	Baylor Medical Center at Irving	121776204.2.4	523,782	
	Baylor University Medical Center	139485012.2.4	2,353,529	
	Children's Medical Center	138910807.2.4	5,246,312	
			43,892,095	**9%**
2.13	**Provide an Intervention for a Targeted Behavioral Health Population to Prevent Unnecessary Use of**			
	2.13.1 - Design, implement, and evaluate research-supported and evidence-based			
	Dallas County MHMR / Metrocare Services	137252607.2.2	589,151	
	Dallas County MHMR / Metrocare Services	137252607.2.3	1,254,176	
	Dallas County MHMR / Metrocare Services	137252607.2.4	1,202,058	
	Dallas County MHMR / Metrocare Services	137252607.2.5	1,243,345	
	Denton County MHMR	135234606.2.3	4,255,200	
	Lakes Regional MHMR	121988304.2.1	1,693,343	
			10,237,273	**2%**
2.15	**Integrate Primary and Behavioral Health Care Services**			
	2.15.1 - Design, implement, and evaluate projects that provide integrated primary and			
	Dallas County MHMR / Metrocare Services	137252607.2.1	1,398,055	
	Denton County MHMR	135234606.2.2	2,567,080	
	HCA Medical City Dallas Hospital	020943901.2.1	1,994,936	
			5,960,071	**1%**

Appendix A

Project Option	Section/Option Title	Interventional Projects		
		Project ID	DY 2 & 3 Project Value	Percent of Total
2.19	**Develop Care Management Function that Integrates Primary and Behavioral Health Needs of**			
	2.19.1 - Design, implement, and evaluate care management programs and that integrate			
	Baylor Medical Center at Garland	121790303.2.2	794,282	
	Baylor Medical Center at Irving	121776204.2.2	556,309	
	Baylor University Medical Center	139485012.2.2	3,833,828	
			5,184,419	**1%**
	Total Category 2	**74 Projects**	**$280,241,218**	**59%**
	Total All	**115 Projects**	**$475,001,263**	**100%**

Appendix B

RHP 9 Interventional Outcome Measures Portfolio

(As of September 30, 2013)

Appendix B

Outcome Domain	Section/Option Title	Interventional Projects: Total Estimated Value	Interventional Projects: Percent of Total
Category 3 -Outcome Measures			
1	**Primary Care and Chronic Disease management**		
	1.1 Third next available appointment	4,304,774	
	1.2 Annual monitoring for persistent medications	13,281,871	
	1.4 Annual monitoring for persistent medications	322,443	
	1.5 Annual monitoring for persistent medications	322,443	
	1.6 Cholesterol management	657,637	
	1.7 Controlling high blood pressure	3,827,192	
	1.10 Diabetes care: HbA1c control	6,961,703	
	1.11 Diabetes care: BP Control	2,564,327	
	1.12 Diabetes care: Retinal Eye Exam	14,266,228	
	1.13 Diabetes care: Foot exam	1,657,588	
	1.19 Antidepressant Medication Monitoring	322,445	
	1.20 Other Outcome	7,241,745	
		55,730,396	**25%**
2	**Potentially Preventable Admissions**		
	2.4 Behavioral Health / Substance Abuse Admission Rate	1,367,633	
	2.10 Flu and Pneumonia Admissions Rate	589,303	
	2.12 Prevention Quality Indicators Composite	1,237,837	
	2.13 Other Admissions Rate	3,105,458	
		6,300,231	**3%**
3	**Potentially Preventable Re-Admissions (PPR)**		
	3.1 All Cause 30 Day Readmissions Rate	26,433,659	
	3.3 Diabetes 30 Day Readmission Rate	6,704,023	
	3.8 Behavioral Health / Substance Abuse 30 Day Readm. Rate	502,511	
	3.10 Adult Asthma 30 Day Readmission Rate	516,752	
	3.12 Other Readmission Rate	10,936,020	
		45,092,965	**20%**
4	**Potentially Preventable Complications**		
	4.2 Central line associated bloodstream infection (CLABSI) rate	2,006,332	
	4.3 Catheter associated urinary tract infection (CAUTI) rate	2,006,332	
	4.4 Surgical site infection (SSI) rate	2,006,332	
	4.8 Sepsis mortality	2,893,231	
	4.9 Average length of stay	886,900	
	4.10 Average length of stay (specified)	1,243,424	
		11,042,551	**5%**

Appendix B

Outcome Domain	Section/Option Title	Interventional Projects: Total Estimated Value	Interventional Projects: Percent of Total
5	**Cost of Care**		
	5.1 Improved cost savings	6,098,191	
	5.2 Per episode cost of care	3,782,049	
		9,880,240	**4%**
6	**Patient Satisfaction**		
	6.1 Patient satisfaction	17,371,991	
		17,371,991	**8%**
7	**Oral Health**		
	7.1 Dental Sealant: percentage of children with a sealant	1,111,286	
	7.3 Early childhood caries	731,600	
	7.4 Topical fluoride application	731,600	
		2,574,486	**1%**
9	**Right Care, Right Setting**		
	9.1 Decrease in mental health admissions to criminal justice settings	1,073,273	
	9.2 Appropriate ED utilization	35,375,136	
	9.3 Pediatric asthma emergency visits	4,210,461	
	9.4 Other	184,070	
		40,842,940	**18%**
10	**Quality of Life / Functional Status**		
	10.1 Quality of life	2,501,779	
	10.2 Activities of Daily Living	884,750	
		3,386,529	**2%**
11	**Addressing Health Disparities in Minority Populations**		
	11.1 Improvement in clinical indicator in minority group	2,725,981	
	11.2 Improvement in disparate outcomes for target population	78,577	
	11.3 Improve utilization rates of preventive services	1,001,314	
	11.5 All cause admission rate for chronically ill patients	2,967,469	
		6,773,341	**3%**
12	**Primary Care and Primary Prevention**		
	12.1 Breast cancer screening	3,302,264	
	12.2 Cervical cancer screening	1,042,131	
	12.3 Colorectal cancer screening	3,292,902	
	12.4 Pneumonia vaccination status of older adults	2,630,548	
	12.5 Other USPSTF-endorsed screening outcome measures	750,293	
		11,018,138	**5%**

Appendix B

Outcome Domain	Section/Option Title	Interventional Projects: Total Estimated Value	Interventional Projects: Percent of Total
13	**Palliative Care**		
	13.1 Pain assessment	628,660	
	13.2 Treatment preferences	628,661	
	13.3 Proportion of patients with >1 ED visit	6,687,772	
	13.5 Percentage of patients receiving hospital / palliative services	628,660	
		8,573,753	**4%**
14	**Workforce**		
	14.1 Number of practicing primary care providers /1000 individuals	837,906	
	14.2 Number of practicing NPs and Pas / 1000 individuals	1,431,965	
		2,269,871	**1%**
	Total Category 3	**$220,857,432**	**100%**