

Welcome to the RHP 6 Public Call

Wednesday, December 13, 2012 11:00 a.m. – 12:00 noon

AGENDA

Welcome and Introductions

Overview of Meeting Agenda and Intent

Community Need in RHP 6

Summary of Types & Projects for RHP 6

Overview of Early Feedback from HHSC

Next Steps & Project Management

Question and Answer Session

Reminder that we want your comments

Thank You for Attendance, Adjournment

Bryan Alsip, M.D.

Ted Day

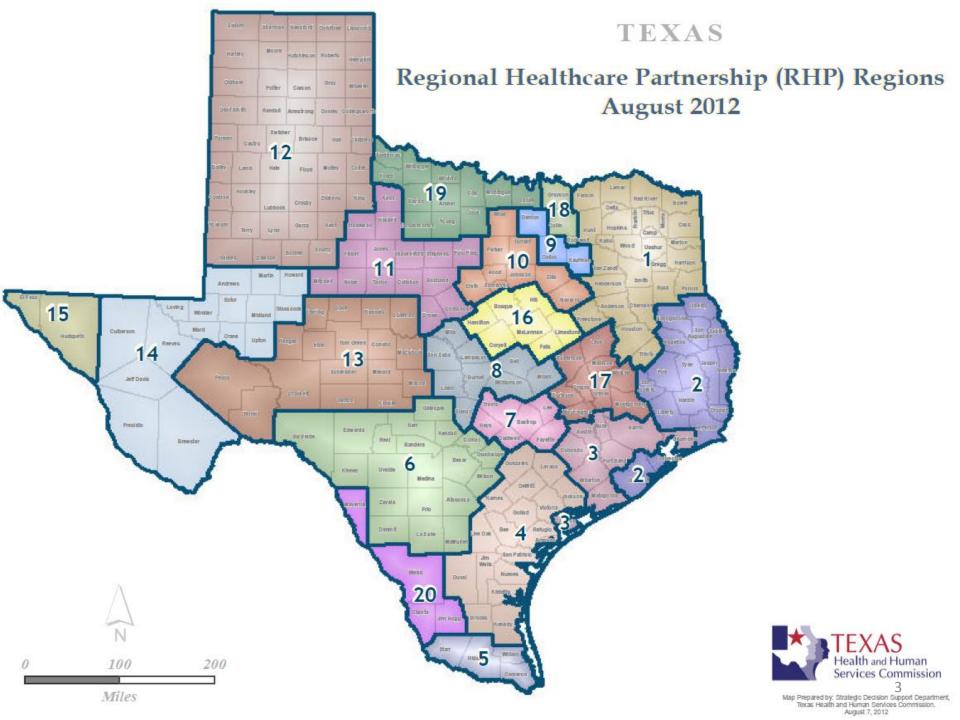
Bryan Alsip, M.D.

Bryan Alsip, M.D.

Ted Day

Ted Day

Audience and Panel

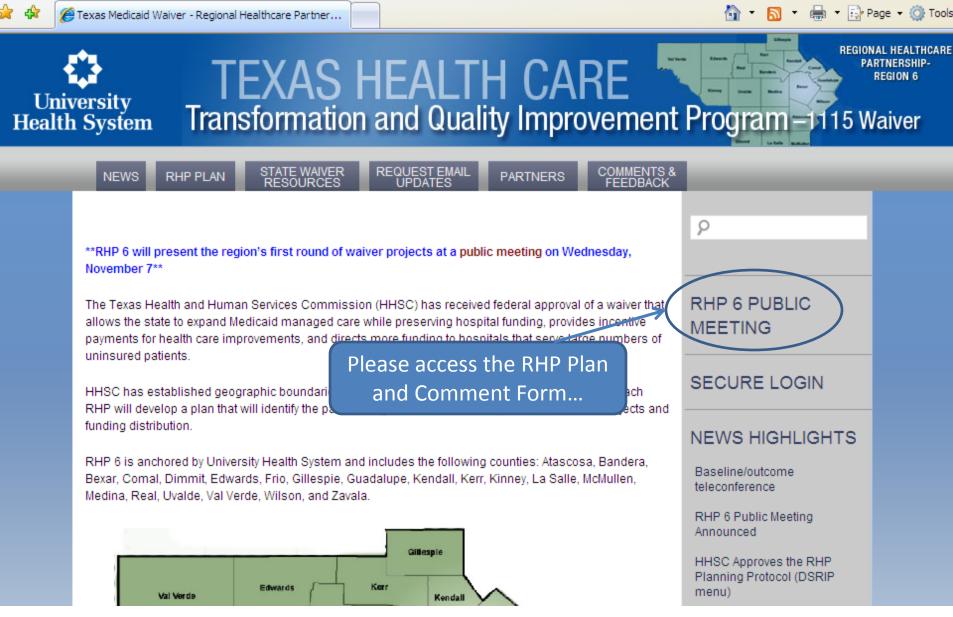


Overview of Meeting and Intent

- We appreciate your participation
- Summary of projects that have been developed
- High-level discussion of types of projects planned
- Process for finalization and on-going management of projects

Overview of Process

- Today is a milestone in a long and complicated process
- "RHP Plan" introduction
- ~1500 Page Document Posted on Website
- Overview of plan provided
- Submitted questions and panel responses today



http://www.texasrhp6.com/

Summary of Projects for Region 6

Intent of Projects Developed to Address Community Needs

CN1

 Texas ranks last in the nation on health care quality

CN2

 A high prevalence of chronic disease and health disparities

CN3

 Lack of access to medical and dental care due to low rates of insurance and health care provider shortages

Summary of Projects for Region 6

Intent of Projects Developed to Address Community Needs

CN4

 Shortage of high quality mental and behavioral health services and/or crisis stabilization

CN5

 Lack of prenatal care for women and primary and preventive pediatric care

CN₆

 High rates of communicable disease; low vaccine coverage levels

DSRIP Categories

- Category 1: Infrastructure Development lays the foundation for delivery system transformation through investments in technology, tools, and human resources that will strengthen the ability of providers to serve populations and continuously improve services
- Category 2: Program Innovation and Redesign includes the piloting, testing, and replicating of innovative care models

DSRIP Categories

- Category 3: Clinical Quality Improvements includes outcome reporting and improvements in care that can be achieved within four years
- Category 4: Population Focused Improvements is the reporting of measures that demonstrate the impact of delivery system reform investments under the waiver.

Summary of Category 1 Projects for RHP 6

- Build more primary care clinics, add capacity to current
- Add primary care and specialty physicians and mid-levels
- Implement telemedicine projects
- Enhance process improvement capacity
- Implement disease management registries, chronic management
- Expand mobile clinic options
- Enhanced interpreter services access
- Expanded residency slots
- Expanded dental services
- **Technology**: e.g. remote monitoring, HER
- Behavioral Health programming expansion

Summary of Category 2 Projects for RHP 6

- **Process improvement for clinical issues**
- **Care management integration** w/ Pt-Centered Medical Home
- **Nurse intervention program (CHF)**
- **Care transitions program**
- **Navigation services for at-risk patients**
- Health screening for uninsured
- Redesign processes to enhance patient experience
- Expand medical homes
- **Develop enhanced prevention program**
- Palliative Care program enhancement
- Evidence-based programs for appropriate technology use

Summary of Pass 1, 2, and 3 Projects for RHP 6

- 121 total projects
- 71 Category 1 Projects (Infrastructure Development)
- 50 Category 2 Projects (Program Innovation and Redesign)
- Pass 1 projects were 24% rural-based, 76% urban
- Aligned to community needs across RHP 6

TEXAS HEALTH CARE Transformation and Quality Improvement Program - 115 Waiver

Summary of Pass 3 Projects for RHP 6

- Dental Services Expansion Project
- Psychiatric Emergency Services Development Project
- Crisis Stabilization Unit and Intensive Outpatient Therapy Clinic Development Project
- Pediatric Primary Care Expansion Project
- Care Transitions Program Development for CHF Patients

Transformation and Quality Improvement Program - 1115 Waiver

Compilation of projects by provider and project **RHP Region 6**

Available on RHP 6 website

http://www.texasrhp6.com

area –	University Hospital	Baptist Medical Center	Children's Hospital of San Antonio (CH	CHRISTUS Santa Rosa Hospital	Clarity Child Guidance Center	Metho dist Hospital	Nix Health Care System	Southwest General Hospital	Texas Center for Infectious Disease	South Texas Regional Medical Center	Dimmit County Memorial Hospital	Frio Regional Hospital	HII Country Memorial Hospital	Guadalupe Regional Medical Center	Peterson Regional Medical Center	Medina Regional Hospital	Uvalde Memorial Hospital	Val Verde Regional Medical Center	Connally Memorial Medical Center	Center for Health Care Services	HII Country MHDD	Blueborn et Trails	Camino Real	UTHSCSA	Community Medicine Associates	San Antonio Metropolitan Health Dist	TOTAL
1.1 Expend primary care capacity	3	1	1	1								1		1		1		1	1					3			14
1.2 increase training of primary care workforce										ıl							1							2	1		4
1.3 Implement a chronic disease management										\Box		\neg	\neg												\neg	\neg	
registry 1.4 Enhance Interpretation Services and Culturally	1	-								\vdash	\rightarrow	\rightarrow	\rightarrow	-	\rightarrow	-	-	\rightarrow		\rightarrow	\rightarrow			2	\rightarrow	\rightarrow	3
Competent Care	1																										1
1.5 Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities										П																П	0
1.6 Enhance Urgent Medical Advice										\Box	1	\neg	\neg		\neg	\neg		\neg			\neg				\neg	\neg	1
1.7 Introduce, Expand or Enhance Telemedicine/Telehealth	1					1						1	\Box					1						2		\Box	6
1.8 Increase, Expand, and Enhance dental services										i 1	.													2		1	3
1.9 Expand Specialty Care Capacity	1	1	1			1		2			1							1	1					9		\Box	18
1.10 Enhance Performance Improvement and Reporting Capacity		1								П					1	1								2			5
1.12 Enhance Service Availability		_			1						\neg	\neg	\neg					\neg		3		1	1		\neg	\neg	6
1.13 Development of behavioral health crisis stabilization services as alternatives to hospitalization																				2		1	1	П			4
1.14 Develop workforce enhancement initiatives to support access to BH providers																								1			1
2.1 Enhance/Expand Medical Homes				1			1			\Box	\neg	\neg	\neg		\neg	\neg		\neg			\neg				1	\neg	3
2.2 Expand Chronic Care Management Models										П	\Box	\Box												1	1	\Box	2
2.4 Redesign to Improve Patient Experience 2.6 Implement Evidence-based Health Promotion	1					1				\vdash	\dashv	\dashv	\dashv	_				\dashv		_				Н	\dashv	\dashv	2
Programs	1									ш		\rightarrow	_	_	_			_		_	_			ш		3	4
2.7 Implement evide-based disease prevention programs	1								1	i I	.		1													2	5
2.8 Apply Process Improvement Methodology	1	1				1	1																			\Box	4
2.9 Establish/Expand Patient Nevigetion Program 2.10 Use of Palliative Care Programs	1	_					1			Ш	\dashv	_	\dashv	1			1	\dashv				1		1	\square	\dashv	5
2.11 Conduct Medication Management	1									\vdash	-	\dashv	\dashv	-	\neg	\dashv		\neg		$\overline{}$	\neg			Н	-+	\rightarrow	1
										П	\neg	一	\neg		_			\neg			\neg			Н	\neg	\neg	
2.12 Implement/expand care transitions programs 2.13 Provide an intervention for a targeted	1	\vdash	\vdash	1		\vdash	\vdash	\vdash		\vdash	\rightarrow	\dashv	\dashv	1	1	\dashv	\vdash	\dashv	-	\rightarrow	-			\vdash	\rightarrow	\rightarrow	4
behavioral health population 2.15 Integrate Primary and Behavioral health Care							\vdash	\Box		\vdash	\dashv	\dashv	\dashv	\dashv	\dashv	\dashv		\dashv	_	3	5	1		2	\dashv	\dashv	11
services and supports. 2.16 Provide virtual psychiatric and clinical		<u> </u>	-						_	\vdash	\rightarrow	\rightarrow	\rightarrow	_	-	-		\dashv	_	2	\rightarrow			2	\rightarrow	\rightarrow	4
guidance		\bot																			1						1
 Recruit, train, and support consumers of mental health services to provide peer support services 																					1						1
2.19 Develop Care Management Function that integrates																											0
Total	15	4	2	3	1	4	3	2	1	0	2	2	- 4	3	2	2	2	3		10	7	4	2	29	3	6	115

12/13/2012

REGION 6

Project Feedback Timeline

- <u>Preliminary feedback</u> coming back from HHSC in next few weeks on Executive Summary (Section II) and DSRIP Projects (Section V)
- Official feedback (full technical review of projects and review of the RHP plan as a whole) coming from HHSC within 30 days of the full RHP Plan submission

Early Project Feedback from HHSC

- Project narrative should state as clearly as possible what the project does
- Projects should have sufficient description of implementation of required core components
- Projects should explain benefit to the Medicaid &/or indigent populations
- Projects should clearly state where CQI will be employed
- At least one Process Milestone and one Improvement Milestone must be included for each Category 1 & 2 project
- Milestones should clearly tie back to the project
- For higher value projects especially, narratives should describe what the project does and how it meets specific community need
- Project implementation must begin by DY 3, not just planning activities (start-up activities such as process milestones related to hiring staff are acceptable for DY 3)

Next Steps: HHSC post-submission

- December 31, 2012 Final RHP Plans due to HHSC
- HHSC will begin the 30-day formal review period from the date of full plan submission
- RHPs will have 15 days to address HHSC's formal comments
- HHSC approval of a full RHP Plan will trigger the DY1 DSRIP payment process

Next Steps: CMS post-submission

- RHPs CMS will begin the 45-day formal review period upon receipt of HHSC-approved plans
- RHPs and HHSC will have 30 days to address CMS formal comments
- May 1, 2013 or 15 days after receipt of revised plan CMS will approve or deny all RHP Plans
 - If an RHP deletes a project without an approved replacement by May 1, 2013, HHSC will recoup the DY1 DSRIP payment from the PP

Project Management

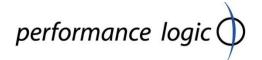
- Effective management of projects is key
- Milestone reporting on a timely basis essential
- Proposed tool to facilitate this process
 - "Performance Logic" update

12/3/2012



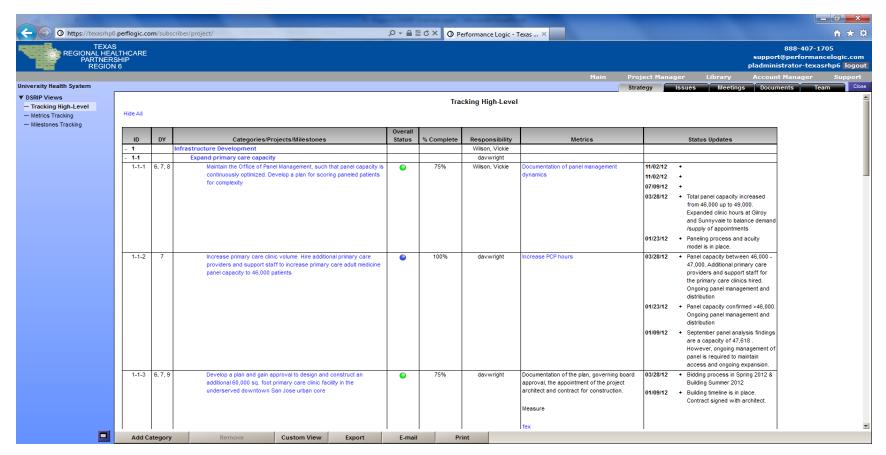
Performance Logic DSRIP Tracking

Neelesh Shah, President and CEO
Performance Logic, Inc.
New York ● Portland
(888) 407-1705
nshah@performancelogic.com



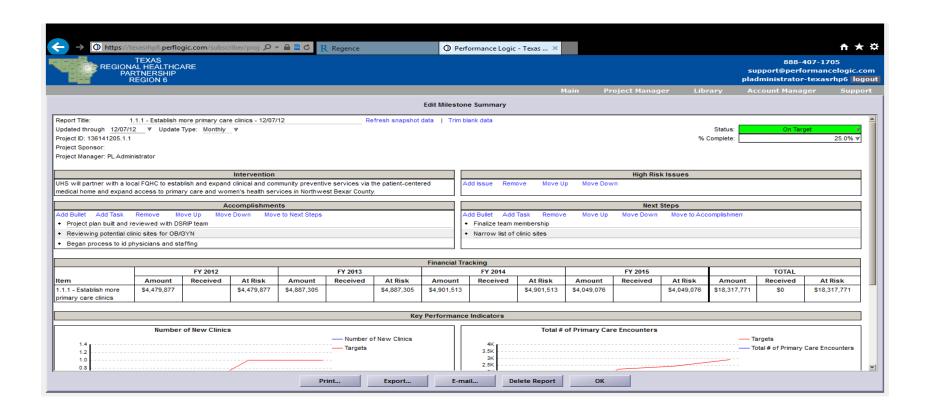
TEXAS HEALTH CARE Transformation and Quality Improvement Program = 1115 Waiver

Clicking on a category will allow you to view progress against milestones for each category of projects. Views can be customized by year, project manager, overall status, and other criteria.



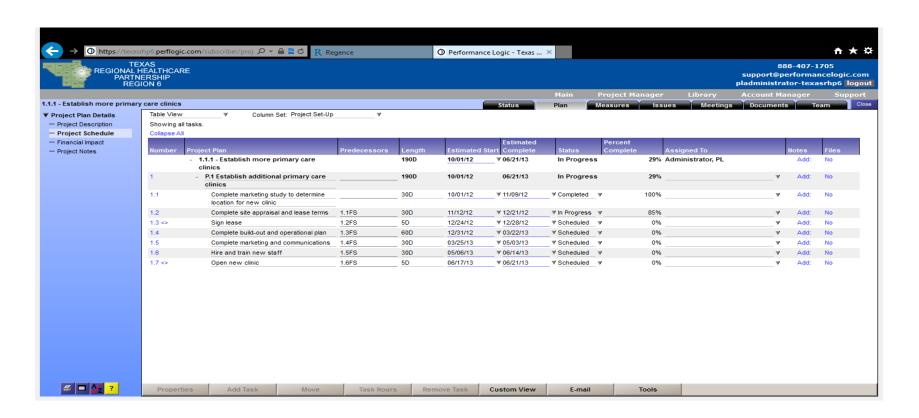
REGIONAL HEALTHCARE TEXAS HEALTH CARE PARTNERSHIP-REGION 6 Transformation and Quality Improvement Program = 1115 Waiver

Status updates can also be completed for each individual initiative and milestone.



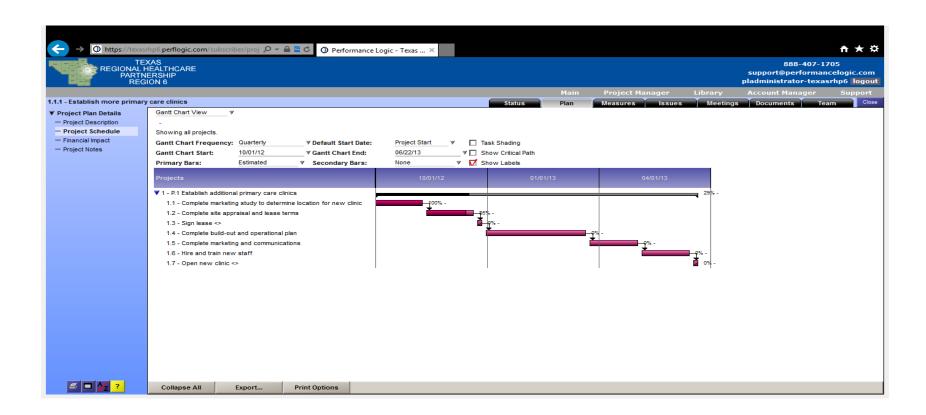
REGIONAL HEALTHCARE TEXAS HEALTH CARE PARTNERSHIP-REGION 6 Transformation and Quality Improvement Program = 1115 Waiver

Project plans can also be added to provide detailed work plans, including task assignments, completion dates, and progress updates.



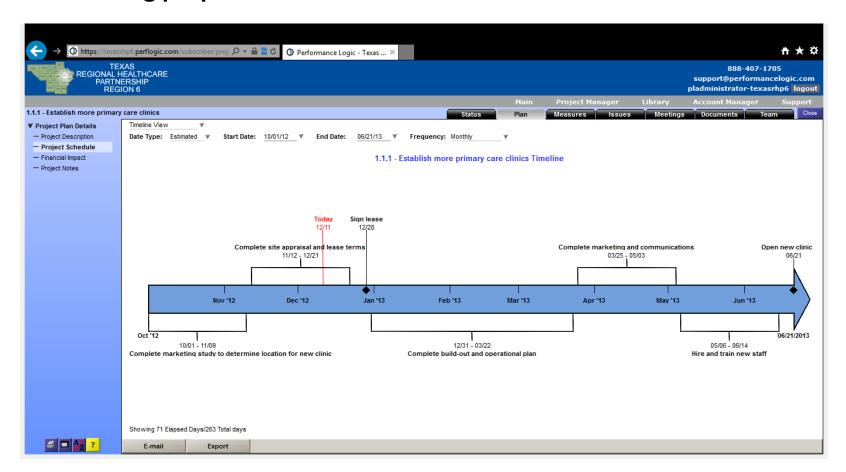
REGIONAL HEALTHCARE TEXAS HEALTH CARE PARTNERSHIP-REGION 6 Transformation and Quality Improvement Program = 1115 Waiver

All work plans can be converted easily into Gantt charts or timelines for tracking purposes.



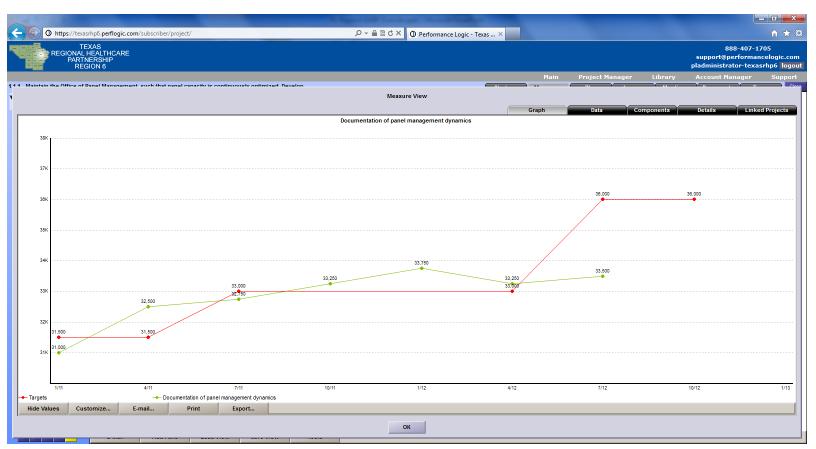
REGIONAL HEALTHCARE PARTNERSHIP-TEXAS HEALTH CARE REGION 6 Transformation and Quality Improvement Program = 1115 Waiver

All work plans can be converted easily into Gantt charts or timelines for tracking purposes.



TEXAS HEALTH CARE Transformation and Quality Improvement Program = 1115 Waiver

Performance measure graphs are fully customizable and allow individuals to complete trend analysis, view targets, annotate graphs, and trigger alerts when measures are not meeting targets.



Question and Answer Session



http://www.texasrhp6.com

TEXAS HEALTH CARE

Transformation and Quality Improvement Program - 1115 Waiver

- Bryan J. Alsip, MD, MPH
 University Health System
 Chief Medical Officer
 (210) 358-4612
 Bryan.Alsip@uhs-sa.com
- Carol Huber, MBA
 University Health System
 Director, Clinical Informatics
 (210) 358-8792
 Carol.Huber@uhs-sa.com
- Ted Day, MSHA, MBA
 University Health System
 VP, Strategic Planning and
 Business Development
 (210) 358-8189

Ted.Day@uhs-sa.com

RHP Region 6 Website http://www.texasrhp6.com/

Thank You for Your **Attendance**

