

Collaborative Connections: Impacting Care

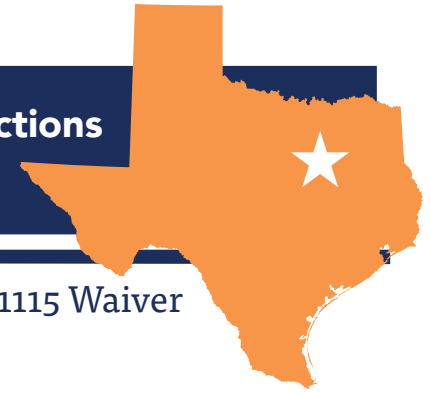
Presented by:



RHP 9 & 10

Collaborative Connections
Impacting Care

Texas 1115 Waiver



Our mission

RHP 9 and RHP 10 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 within both regions.

Objectives:

1. Identify best practice care models through presentations and collaborative interactions with other providers
2. Incorporate various process improvement tools in your projects to enhance outcomes and share your successes
3. Create opportunities for networking amongst providers and community providers

Contact Us

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RHP 10 Learning, Collaborative Coordinator
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Learning Collaboratives

The Learning Collaborative model organizes multiple groups with varying needs into a process of group learning, where all teams use the Model for Improvement and learn from each other's successes and challenges.

Program Day One

- 8 a.m. **Registration and breakfast**
8:50 a.m. **Welcome**
Christina Mintner, Vice President, Waiver Operations
1115 RHP 9
Wayne Young, Senior Vice President, Operations & Administrator
JPS Health Network
- 9 a.m. **Introduction**
Robert Earley, CEO
JPS Health Network
- 9:20 a.m. **Removing Boundaries to Transform Care**
Dawn Zieger, Executive Director
JPS Health Network
- 10:30 a.m. **Break**
10:45 a.m. **RHP Panel: Waiver Activities Across the State**
RHP 1 - Daniel Deslatte, Director of Planning & Public Policy
University of Texas Health Science Center in Tyler
RHP 2 - Craig Kovacevich, MA, Associate VP Waiver
Operations & Community Health
University of Texas Medical Branch
RHP 12 - Bobbye Hrcirik, Director of Regional Health Partnership
Lubbock County Hospital District – University Medical Center
- Noon **Lunch**
12:45 p.m. **Healthcare Collaborations: A Focus on Diabetes Across the Country**
Kathy Srokosz, MS, RN, Outpatient and Chronic Care Services Director
Texas Health Presbyterian Hospital Denton
Joe Paul Gallo, RN, WHNO BC-E, MSN Ed, CHW, Director DSRIP
Programs for Chronic Disease and Adult Immunization
Denton County Health Department
- 1:45 p.m. **Breakout Sessions**
2:30 p.m. **Break**
2:45 p.m. **Sustaining the Gain: How to keep your projects going**
Robert Simmons, Senior Performance Improvement Specialist
JPS Health Network
- 3:30 p.m. **Closing Remarks**

Program Day Two

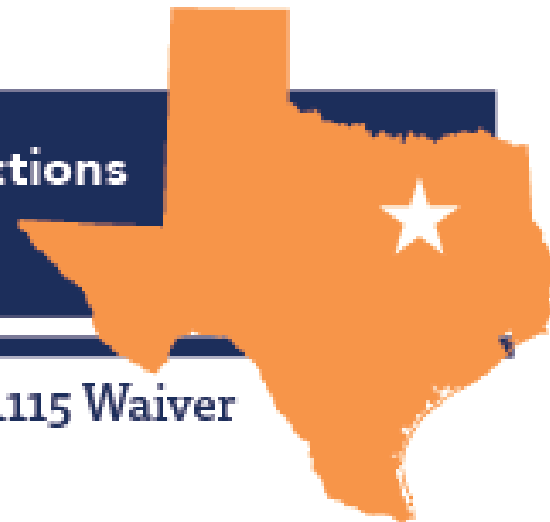
- 8 a.m. **Registration and breakfast**
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Christina Mintner, Vice President
1115 RHP 9
Wayne Young, Senior Vice President, Operations & Administrator
JPS Health Network
- 9 a.m. **Introduction**
Frederick P. Cerise, MD, MPH, President and CEO
Parkland Health & Hospital System
- 9:20 a.m. **Storytelling: Telling Your Project's Story – Why it Matters**
Suzanne Smith, MBA, Founder and Managing Director
Social Impact Architects
- 10:20 a.m. **Break**
10:35 a.m. **VitalSign⁶**
Madhukar Trivedi, MD, Professor & Chief of the Division of
Mood Disorders
Parkland Health & Hospital System
- 11:35 a.m. **Lunch**
12:20 p.m. **Integrated Behavioral Health**
Alan Podawiltz, DO, MS, FAPA, Chair of Psychiatry and
Behavioral Health
JPS Health Network
Wayne Young, Senior Vice President, Operations & Administrator
JPS Health Network
- 1:15 p.m. **Results, Outcomes and the Real Impact of the Texas Transformation Waiver**
Noelle Gaughen, Medicaid/CHIP Transformation Waiver
Texas Health and Human Services Commission
- 2 p.m. **Break**
2:15 p.m. **Breakout Sessions**
2:50 p.m. **Improve Medicaid Patient Engagement Through Mobile Health**
Jay Bernhardt, PhD, MPH, Founding Director
Center for Health Communications
- 3:40 p.m. **Closing Remarks**



RHP 9 & 10

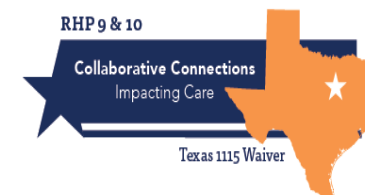
Collaborative Connections
Impacting Care

Texas 1115 Waiver



Collaborative Connections Impacting Care – Day 1

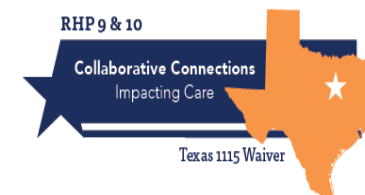
Wednesday, May 27, 2015



Introduction



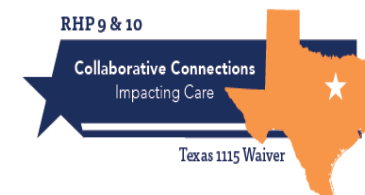
Robert Earley
President and CEO
JPS Health Network



Removing Barriers to Transform Care



Dawn Zieger
Executive Director of Access and
Integration
JPS Health Network



Removing Barriers to Transform Care

*project

[n. proj-ekt, -ikt; v. pruh-jekt]

noun

- * 1. something that is contemplated, devised, or planned; plan; scheme.
- * 2. a large or major undertaking, especially one involving considerable money, personnel, and equipment.

*Transformation

[trans-fer-mey-shuh n]

noun

- * change in form, appearance, nature, or character.
- * *Theater.* a seemingly miraculous change in the appearance of scenery or actors in view of the audience.



The Intersection of the Affordable Care Act & 1115 Waiver

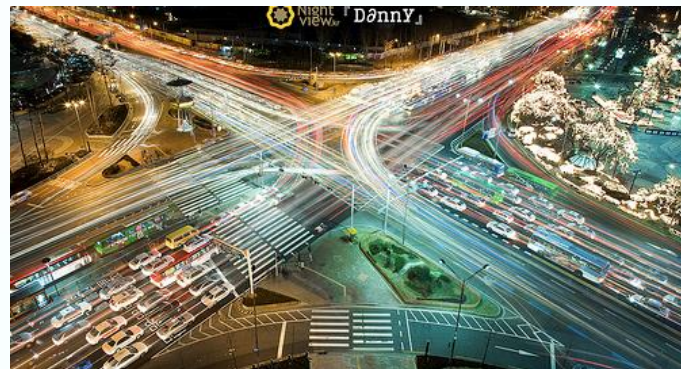
Affordable Care Act

Key Insurance Reforms

- Medical loss ratio
- No exclusions
- Minimum coverage standards

More Access to Insurance

- Subsidy to make insurance affordable for individuals and families
- Marketplace system to create transparency and cost comparison by plans
- Reliant on state buy in to expand Medicaid to low income individuals



Affordable Care Act

Results

- **There has been an historic decrease in the uninsured.**

In one year, the number of uninsured by about 10 million people. Meanwhile, nearly 11.7 million Americans nationwide selected Marketplace plans or were automatically re-enrolled as of Feb. 22, 2015.

- The vast majority – 87 percent – of individuals who are signed up through HealthCare.gov qualify for financial assistance.
- Since October 2013, more than 10 million more Americans are enrolled in Medicaid and CHIP.

1115 Medicaid Waiver

- Opportunity to transform delivery of healthcare
- Funding for services not traditionally covered
- Extend healthcare beyond traditional boundaries
- Broad funding structure with adaptability to community needs
- Outcome focused (health and cost of care)

ACA & 1115 Waiver: Intersection or Symbiotic opportunity?





Identifying Barriers

Physical Barriers

- Physical proximity (urban and rural)
- Transportation
- Facilities
- Supplies and Equipment

Knowledge Barriers

- Patient and Staff ability to navigate a complex system
- Language and cultural understanding
- Self advocacy for healthcare needs
- System knowledge of resources and standard practices
- Awareness of available information sources
- Understanding of available services

Knowledge Barrier Example:

Emergency Department volume will continue to increase

Patient exploration of options for care*

What can we impact at JPS?

Perceived Severity

While we may not be able to impact perception which brought a patient in to the emergency department for a low acuity visit, education during the visit on alternatives could impact future choices

Convenience/
Ease of Use

The ED IS the most convenient access point from a service perspective. How do we leverage the physical distribution of the clinics, improve convenience of service to make the clinic system easier to use?

Cost

Patient payment is not currently requested in the ED and is attempted to be collected after the visit. For clinics, it is collected prior to the appointment if patient has ability to pay.

Beliefs and
knowledge about
alternatives

Knowledge about the benefits of an ED visit compared with a Medical Home visit is not broadly known by staff.

Access/Availability

Re-educate and market services! Access in the clinics has historically been a problem, thus the perception remains that Access to care isn't available.

Advice or referral

Nurse advice line now available to direct patients to appropriate care setting

Organizational Barriers

- Department silos
- Change resistance = “We’ve always done it that way!” or “That’s not my job”
- Lack of understanding of broader context – external organizations, industry trends
- Political barriers

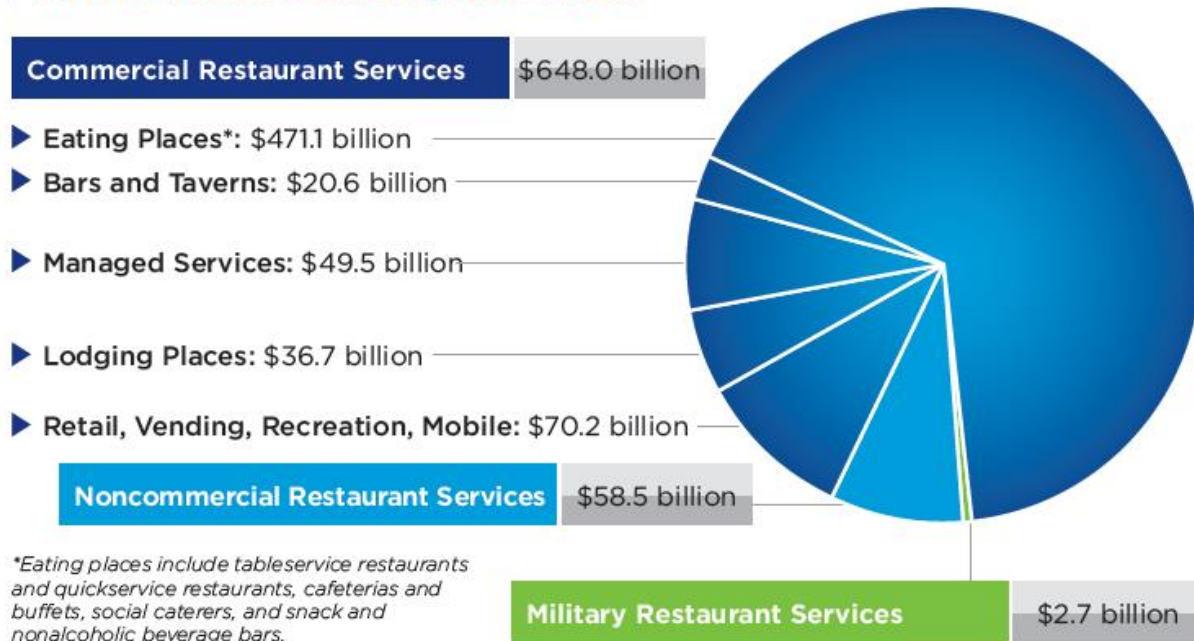
Vision Barriers

- Look at where “for profit” healthcare is expanding
- Listen to your patients! They will tell you what they want by their actions.
- Analyze other industries and market trends as an indicator of consumer demand
 - Example: Restaurant

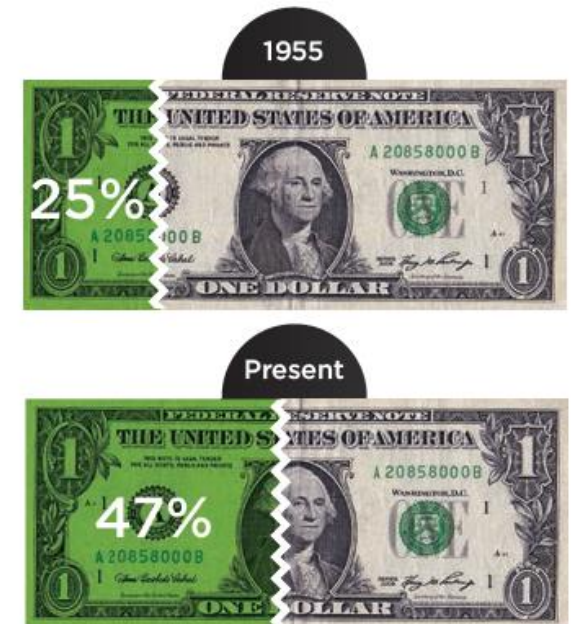
Assess other industries for comparison: Restaurant Industry

Adding It All Up: \$709.2 billion

Projected restaurant industry sales in 2015



Restaurant Industry's Share of the Food Dollar



Assess other industries for comparison: Restaurant Industry

Smart(phone) Restaurant Activities

Consumers who say they would be likely to use a smartphone or tablet for restaurant-related activities

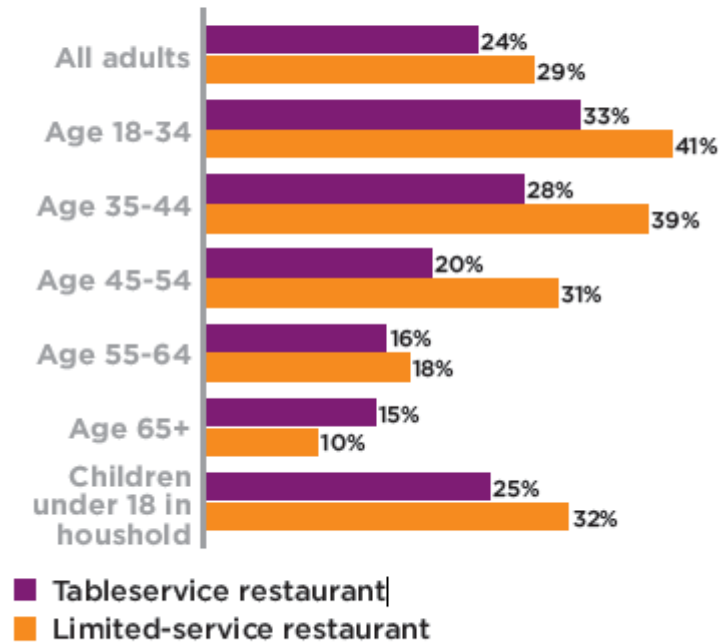
	All adults	Age 18-34	Age 35-44	Age 45-54	Age 55-64	Age 65+	Children under 18 in household
Look up locations or directions	67%	88%	78%	63%	60%	31%	80%
Order takeout or delivery	52%	74%	62%	45%	39%	20%	67%
Use rewards or special deals	50%	70%	58%	47%	38%	21%	65%
Make a reservation	46%	59%	60%	38%	40%	22%	56%
Look up nutrition information	42%	55%	46%	38%	35%	23%	54%
Pay for your meal	24%	43%	22%	16%	16%	9%	32%

Source: National Restaurant Association, *Technology Innovations Consumer Survey*, 2013

Assess other industries for comparison: Restaurant Industry

Tech Matters

Consumers who say the availability of technology options is an important factor when choosing a restaurant



Source: National Restaurant Association, *National Household Survey*, 2014

Limited-Service Operators Expect Legislative & Regulatory Issues to Pose Challenges in 2014

Top challenges expected by limited-service operators in 2014

	Quickservice	Fast Casual
Health Care Reform	42%	9%
The Economy	17%	14%
Government	8%	16%
Building & Maintaining Sales Volume	5%	18%
Recruiting & Retaining Employees	6%	14%
Food Costs	5%	9%
Labor Costs	6%	5%
Minimum Wage Increase	5%	4%
Competition	0%	5%
Profitability	5%	0%

Source: National Restaurant Association, *Restaurant Trends Survey*, 2013

Assess other industries for comparison:

Restaurant Industry

Top threat to quickservice food spending!

Source: National Restaurant Association – 2014 Industry Forecast

Assess other industries for comparison: Restaurant Industry

The Chipotle effect: Why America is obsessed with fast casual food



By **Roberto A. Ferdman** February 2 Follow @robferdmar



More than a casual craving. (AFP Photo/Mandel Ngan)

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The Chipotle effect

Consumer demand is shifting to a new model of service

an essential component of the fast casual category is its price point

earn less than 50 percent of their business from full service sit down meals

"consumers are looking for is the best value proposition And value doesn't mean the cheapest price."

Health Care impact

Consumers are looking for quick convenience without short cutting quality

Cost matters! We need to evaluate the competitive landscape for similar services. Ex: CVS Minute clinic

Convenience is key. Can we deliver services via telemedicine, phone, patient portal?

Customers will pay more for a value add service. Ex: Can we provide real time access to care at the right price point?



Removing Barriers

Removing Barriers

- Some things can't be rushed... It's not an option.



Communicate clearly on the need for change

- Relate your message to your audience interest



Communicate clearly on the need for change
AVOID DSRIP-ease at all costs!



Communicate clearly on the need for change

- Find relatable examples...



Price Transparency = Car Purchase

Mobile Healthcare =
Doc Baker - Little House on the Prairie



Lead with the change and realize others aren't in the same place

The Change Curve

(With appropriate coaching leadership styles)



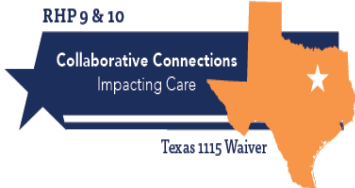
Plan the change, work the plan & communicate!

- Complete stakeholder analysis
 - What are their interests, perspective & objections?
 - Determine strategies to build alignments
- Complete a communication plan & stick to it
 - Cadence of communication
- Stay locked in to the mission.
 - Explain the why!
- Communicate, Communicate, Communicate!

In summary...

- Aim for transformation, don't just check the box
- You are learning an adaptive skill of constant transformation and adjustment
- Identify your barriers and build the case for change
- Lead the way through the change to transformation

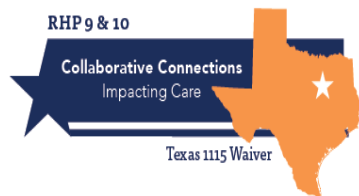
BREAK



RHP ANCHOR PANEL



Moderator
W. Stephen Love
President and Chief Executive Officer
Dallas-Fort Worth Hospital Council



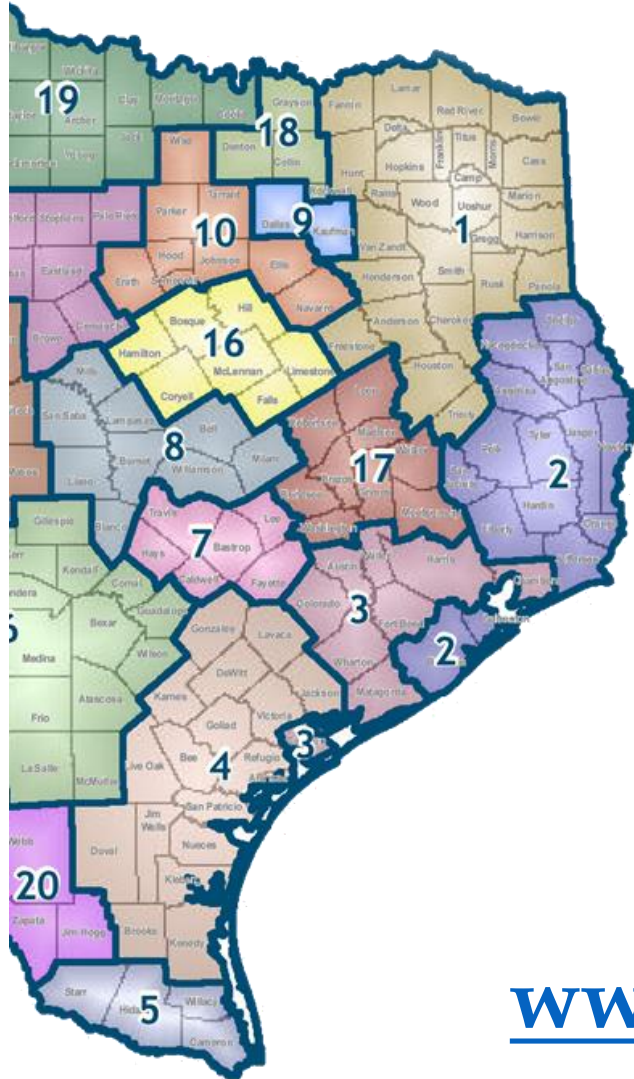
RHP 1
Daniel Deslatte
Vice President, Planning & Public Policy
University of Texas Health Science
Center at Tyler



RHP 2
Craig S. Kovacevich, M.A.
Associate Vice President
Waiver Operations & Community Health
Plans, Office of the President
The University of Texas Medical Branch at
Galveston



RHP 12
Bobbye Hrcirik
Director of Regional Health Partnership
UMC Health System, Lubbock County
Hospital District



28 Counties

24 Performing Providers

92 Active DSRIP Projects

**Total Project Valuation:
\$388.5 million**

www.uthealth.org/waiver

RHP 2 – Anchored by UTMB

- Region 2 is comprised of 16 counties (Angelina, Brazoria, Galveston, Harden, Jasper, Jefferson, Liberty, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby and Tyler).
- Region 2 covers almost 14,500 square miles and is home to approximately 1.5 million individuals.
- 83 Active DSRIP projects among 14 Performing Providers.



<http://www.utmb.edu/1115/>

RHP 12

47 Counties

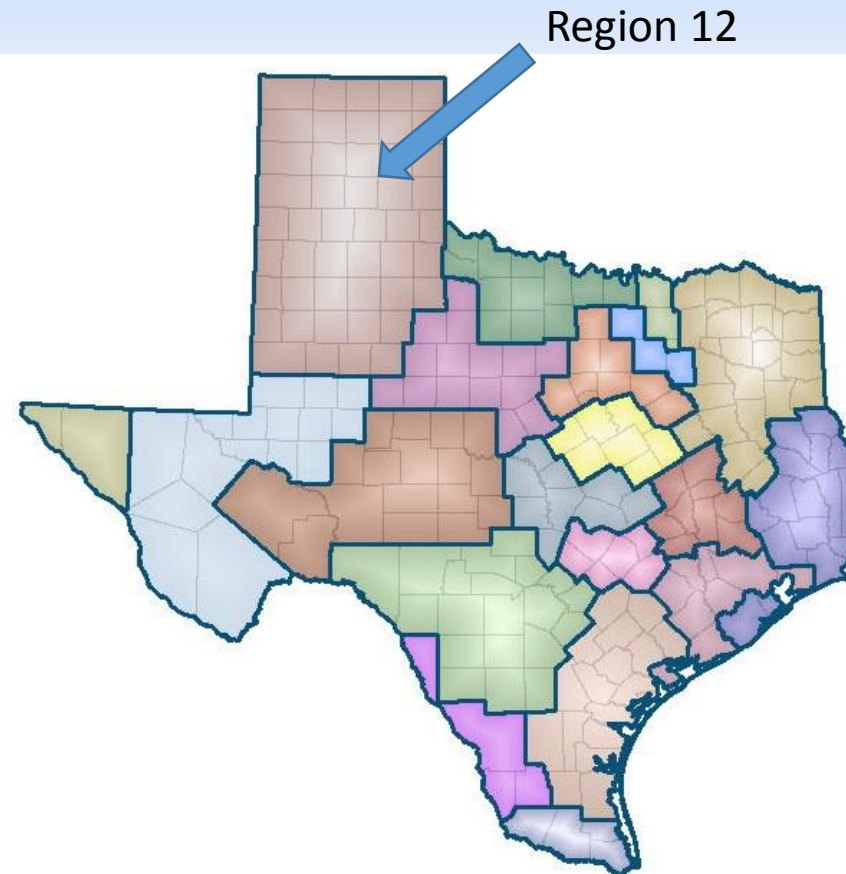
38 Performing Providers:

- 22 Rural Hospitals
- 6 Urban Hospitals
- 2 Local Health Depts.
- 2 Physician Practices (HSC)
- 1 Physician Practice (Non HSC)
- 1 Psychiatric Hospital

99 Active DSRIP projects

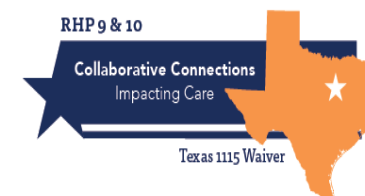
Anchor: University Medical Center

<http://www.texasrhp12.com/>



LUNCH

Return to Main Room



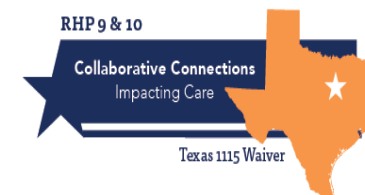
Healthcare Collaboration: A Focus on Diabetes Across the County

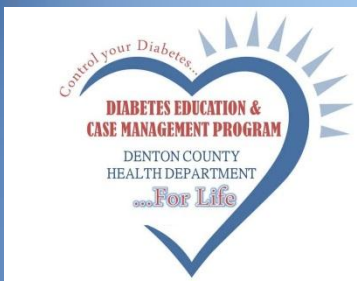


Kathy Srokosz, MSN, RN
Outpatient and Chronic Care Services Director
Texas Health Presbyterian Hospital Denton



Joe Paul Gallo RN, WHNP BC-E, MSN Ed, CST, CHW
Director DSRIP Programs for Chronic Disease
Management and Adult Immunizations.
Denton County Health Department





Healthcare Collaboration: A Focus on Diabetes Across the County

Joe Paul Gallo, RN, WHNP BC-E, MSN Ed
Director, DSRIP Program for Chronic Disease Management
Denton County Health Department

Kathy Srokosz, MS, RN
Director, Outpatient and Chronic Care Services
Texas Health Presbyterian Hospital Denton



Denton County Health Department

DSRIP Projects

Diabetes Chronic Care Management
Adult Immunization Program

Diabetes Chronic Care Management

- Diabetic Educator/Case Managers (4)
- Nurse (1)
- DY4 Target: 200
- Individualized and Group Education Denton and Lewisville
- Community Support Group

Patient Assistance

Glucometer

Strips

Lancets

Transportation

\$5.00 Walmart Gift Card

Metformin (Bottle 100)

Glipizide (Bottle 100)

Novolin 70/30 (Vial)

Needles

Adult Immunization Program

- Program Coordinator (1)
- Administrative Specialist II (1)
- Nurse (1)
- DY4 Target: 3000 individuals vaccinated

Hepatitis A
Hepatitis B
Meningococcal (MCV4)
Flu
Measles, mumps, rubella (MMR)
Tetanus, diphtheria, pertussis (Tdap)
Human papillomavirus (HPV)
Chicken pox (Varicella)
Zoster (Shingles)

DSRIP Team

- Julie Dvonne Wright, BS, CHW
- Angelia Lee Bratcher, LBSW, CHW
- Flory Susana Garcia, CHW
- Erika Ivonne Reyes Saenz, CHW
- Jane Louise Schumann, BS, CHW
- Dariela Maricella Lopez, LVN
- Fabiola Patricia Vanegas, BS, CHW
(Not Pictured)



Results To Date DY4

- 175 Case Managed Patients
- 98% Hispanic
- Baseline A1c: 11.2
- Average A1c: 9.4
- 23% A1c < 8
- 57% Completed First Eye Exams
- 25.3% Completed Dental Exam



Texas Health Presbyterian Hospital Denton

DSRIP Projects

Diabetes Chronic Care Management

ED Navigation

Texas Health Denton

- **Diabetes Chronic Care Management**

- Diabetes Educator (1)
- DY 4 Target: 125 patients/participants
- Individualized Patient Education
- Community Classes

- **ED Navigation**

- RN ED Navigators (2)
- Nurse Practitioner (1)
- DY 4 Target: 225 patients
- Individualized Plan based on needs assessment



DSRIP Team

Melony Maloy, APRN

Deana Stephens, BSN, RN ED Navigator

Meenaz Charaniya, MSN, RN Navigator

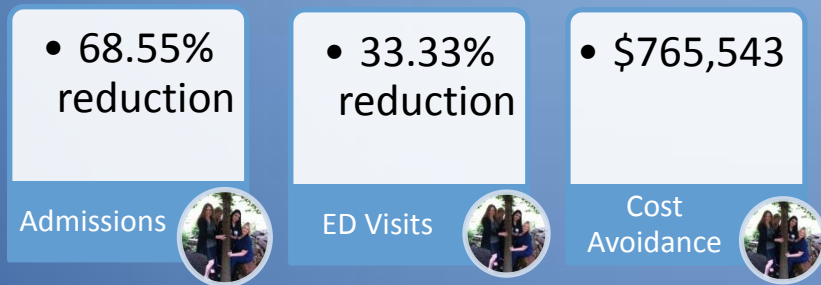
Dana Kennedy, BSN, RN Diabetic Educator

Processes → Results

ED Navigation

- Beyond the original plan
- Individualized caring
- Positive results

DY 3 90 Day Impact



DY 4 YTD: Similar Results

Diabetes Chronic Care Management

- Individualized patient education and management
- Community classes
- Accessible for questions and support of decision-making, self-management needs

DY 4 YTD:
37% reduction
in A1cs in
population
with > 9.1
initially

Denton County

Diabetes Community Care Collaborative

Background:

- 26.6% of the Denton population is reported below 200% FPL
- 22% of population is uninsured
- Denton community growth rate is 19.8% vs. Texas 3%; growing population of transient homeless
- Increasing prevalence of diabetes in the population
- 53% of all THDN patients have diabetes as a primary or secondary diagnosis



Denton Courthouse

Community Partnerships...*the evolution in Denton*

- Charitable Clinics Coalition of Denton County with active membership
- New Denton programs with common needs and sometimes common patients met to discuss and share information related to basic community resources for unfunded/underfunded patients with chronic diseases
- Common patient issues related to chronic care management identified
- Brainstorming session (Texas Health Denton, Denton County Health Department, MHMR Center for Integrated Health, Denton Community Health Clinic) focused on the variations in diabetes care management observed in the community
- *Thus, the Denton County Diabetes Community Care Collaborative was created.....!*

Components Associated With Effective Disease Management*

Health System

- Securing resources and removing barriers to care

Delivery system design

- Coordinating care processes

Self management support

- Facilitating skills-based learning

Clinical information systems

- Supporting tracking and outcome reporting

Decision support

- Providing guidance for implementing evidence-based care

Community resources and policies

- Sustaining care by using community-based resources and public health policy

*Stellefson M, Dipnarine K, Stopka C. The Chronic Care Model and Diabetes Management in US Primary Care Settings: A Systematic Review. *Prev Chronic Dis* 2013;10:120180. DOI: <http://dx.doi.org/10.5888/pcd10.120180> External Web Site Icon

Initial Steps

- Review evidence-based clinical practice guidelines and standards and understand the practice variations
- Organize a team of clinical and community stakeholders
- Identify the key, evidence-based practices that should be included in a diabetic patient's home management plan of care
- Develop a community based care plan template incorporating the key elements identified to support effective patient self-management and decision-making in the community

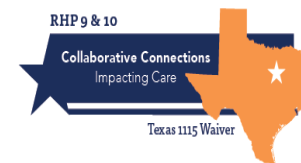
AIM

Improve consistency and quality of diabetic patient self-management plans across Denton County by the end of 2016 through the development and implementation of a standardized, evidence-based, community plan of care template for use by providers in varied settings.

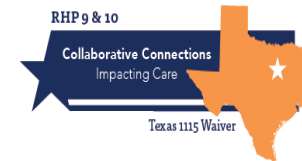
Work in progress.....

BREAKOUT SESSIONS

Day 1 - Project Types



Breakout by Project Type

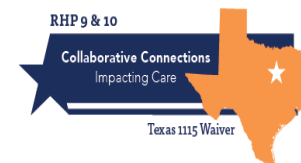


- Quick Ice Breaker
 - List 3 commonalities in projects around the table
 - Identify unique approach you have taken towards success for your project
- Table Discussion
 - What are the key highlights of your project?
 - What challenges/barriers have you faced?
 - Have you seen unexpected activities as a result of your project?
 - What do you see as the next step for your project for sustainability/success after Waiver 1.0 and preparing for Wavier 2.0?
- Report Out
 - Some tables will share their discussion outcomes with the rest of the group in the room

BREAK

At the Movies

Return to Main Room



Sustaining the Gain – How to Keep Your Projects Going



Robert Simmons, MBA, SSBB
Senior Performance Improvement
Specialist/Team Lead
Innovation and Transformation Center
JPS Health Network



Creating Change That Last
Robert Simmons, MBA, MBB, MCA
Innovation and Transformation Center

- What do you see as the biggest cause of resistance to change?

- Sustaining change is important to my organization because?



1. Trust the Process



- » Understand that lasting change
 - › All in or all out
 - › Isn't perfection
 - › Takes time

“The man who can drive himself further once the effort gets painful is the man who will win.”

Roger Bannister

2. Have a Plan



- What is the framework around sustaining change in your organization? With your project?

Organizations often place the majority of its efforts on completing projects and reaching goals, but very little energy is given to sustainment.

DSRIP is sometimes seen as an *event* instead of a *new way of doing Healthcare*. Projects are more than a matter of reaching goals; we are changing Healthcare

If the business sees DSRIP as something going on with a special group of people to get funding then your projects are at risk for sustainment.

Swing Through!



- Framework should consist of (*WORK PLAN: Part 1*)
 - » Clear and Simple Metrics Centered around a problem (Goal)
 - › What is the problem?
 - › How do you know it's a problem?
 - › What is the problem causing?
 - › What is the problem's impact on the business

***Organizational Top Executive Metrics Should Not Exceed
FIVE Primary Objectives***

Before, During & After



-
-

- Not Just About Team Members...Remember those who do the work

Resistance comes when new processes are introduced without involvement

Think about your top 3 projects currently being worked.

How many people in the areas where change will be implemented know about the project?



**Letting Go of the
Past**



**Can be Very
Frightening!**

3. Hardwire the Process



- Remove all Work-Around avenues
- Instill Accountability into the Process

“We must become comfortable with making people feel uncomfortable”

Hunter Gatewood

- Create opportunities to celebrate (WORK PLAN: Part 3)
 - » Celebrate the small things (they will grow into bigger things)
 - » Celebrate often
 - » Celebrate Teams

***If you want to change a culture you must change the people.
To change the people you must change the process.***

4. Leadership That Influences



Processes revert to the old way of doing things not because performance improvement methodologies didn't work; they go back because leadership allowed them to do so.

"Everything rises or falls on leadership" John Maxwell

No Authority; Just Responsibility



- To Influence Change:
 - » Look from other's Map Of the World
 - › Find what's important to individuals
 - › Meet individually to find out his/her story
 - › Discover the level of interest in the project
 - » Connect
 - › Link the project goals to individual's priorities
 - › Fill in the deltas where it doesn't
 - › Give all team members responsibilities

Are You Leaving People on The Bench?

What To Do?



- Influencers
 - » Don't doubt; They Believe in People
 - » Don't talk; They Listen
 - » Don't give answers; They Ask Questions
 - » Don't micromanage; They Empower
 - » Don't hold others back; They Reproduce More Influencers

Teach People to Lead; Not Just Perform Task



Collaborative Connections Improving Care

Day 1 - Final Thoughts

