REGION 10
RHP CLINICAL & QUALITY COMMITTEE

June 14, 2012

Introductions

- Facilitators
- Members of Clinical & Quality Committee

Today's Agenda

- Review and approve minutes from May 24th
- Review and ratify committee charter
- Community health needs assessment
- DSRIP Projects
  - Partner comparisons
  - Summary of regional DSRIP project ideas
  - How to develop DSRIP projects - Tool
- Agenda for next meeting
- Q&A

MINUTES AND CHARTER

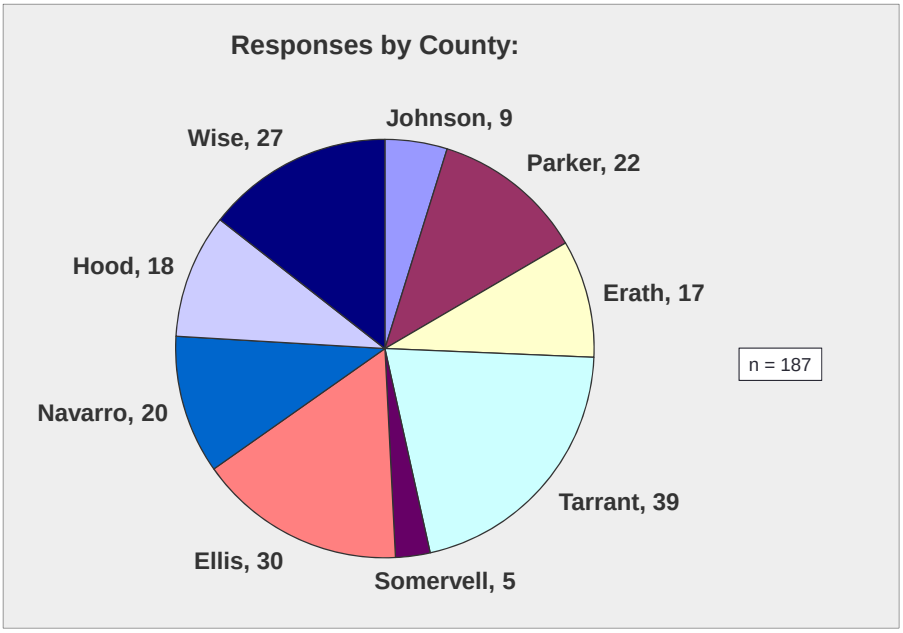
Refer to Handout

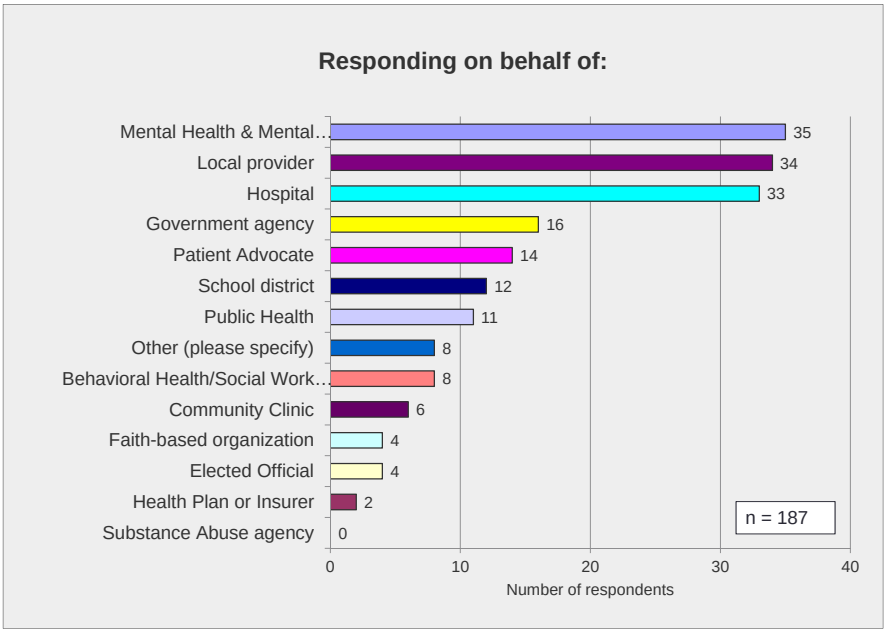
COMMUNITY HEALTH NEEDS ASSESSMENT

Stakeholder Survey – Key Findings

Stakeholder Survey Results

- Regional summary completed (provided via email)
- County summaries with regional comparisons will be distributed this week





Access to Care: Key Takeaways

- The top three barriers for access to all types of care:
  - Lack of coverage/financial hardship (#1 for all types)
  - Difficulty navigating the system/lack of awareness of available resources
  - Lack of capacity (e.g. insufficient number of providers, extended wait times, etc.)

Access to Care: Key Takeaways

- For routine care (hospital, primary/preventive and specialty care), the majority of respondents rated them as “difficult” to access
- For Mental/behavioral health care the majority of respondents rated it as “very difficult” to access
- Emergency care was rated by most respondents as “easy” to access

Care Coordination: Key Takeaways

- In general, respondents did not feel that there was effective care coordination among providers.
- Respondents also agreed that there was a lack of coordination with mental health providers.
- However, respondents agreed that care coordination for chronically-ill patients between primary and specialty care providers was somewhat effective.

Community Health: Key Takeaways

- The top health conditions affecting Region 10 patients were diabetes, obesity, hypertension, COPD and congestive heart failure.
- Patients mostly get their health education from friends, family, the internet and their doctor.
- Behavioral health and substance abuse were the top two issues impacting patient health.

PERFORMING PROVIDER READINESS ASSESSMENT

Performing Provider Readiness Assessment

- *Basic Services, Capacity and Capabilities* – Assessment of core services provided and basic provider organization, key gaps in relation to demand for services, market demand or changing health care environment.
- *Integrated Care Delivery* – The level of "system-ness" and coordination maintained by an organization both internally and with other providers (e.g., information sharing, care coordination, data collection and reporting across providers/network).
- *Population Health Management* – [Health care delivery and/or] interventions designed to maintain and improve people's health across the full continuum of care—from low-risk, healthy individuals to high-risk individuals with one or more chronic conditions.

REGIONAL & MULTI-PROVIDER DSRIP PROJECT IDEAS

Refer to Handouts

HOW TO DEVELOP DSRIP PROJECTS

Overview

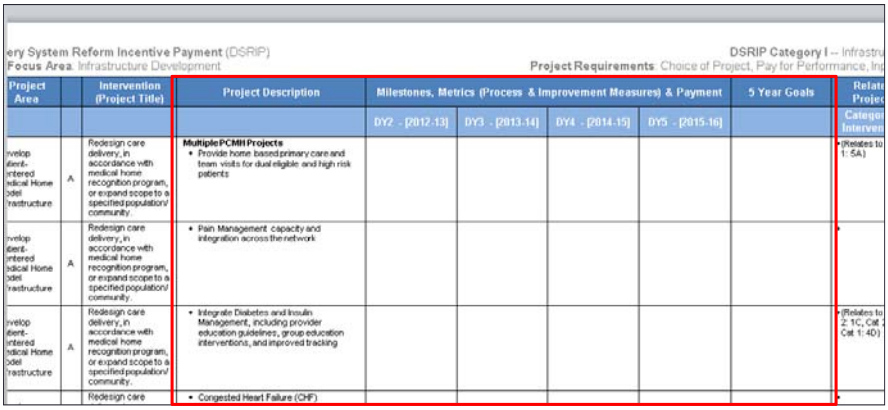
- Project champions are responsible for developing and fleshing out potential DSRIP projects.
- DSRIP projects should be feasible, but also work toward improving the current health care infrastructure.
- All DSRIP projects must have an impact, specific metrics, volume and outcome measures while also balancing the resources needed for each intervention.

HHSC definitions

Delivery System Reform Incentive Payment (DSRIP)
Pool Focus Area: Infrastructure Development

	Project Area		Intervention (Project Title)	Project Description	Milestones, Metrics (Process &	
					DY2 - [2012-13]	DY3 - [2013-1
7	Develop Patient-Centered Medical Home Model Infrastructure	A	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/ community.	**Multiple PCMH Projects** • Provide home based primary care and team visits for dual eligible and high risk patients		
7	Develop Patient-Centered Medical Home Model Infrastructure	A	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/ community.	• Pain Management capacity and integration across the network		
	Develop Patient-		Redesign care delivery, in accordance with	• Integrate Diabetes and Insulin Management, including provider education guidelines, group education		

Project Development

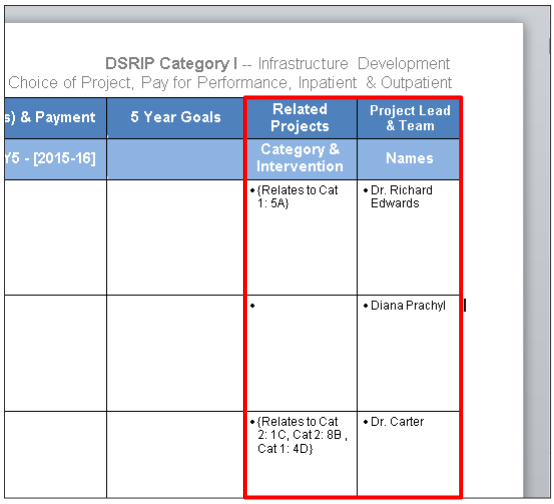


ery System Reform Incentive Payment (DSRIP)
Focus Area: Infrastructure Development

DSRIP Category I -- Infrastru
Project Requirements: Choice of Project, Pay for Performance, Inp

Project Area		Intervention (Project Title)	Project Description	Milestones, Metrics (Process & Improvement Measures) & Payment				5 Year Goals	Relate Projec
				DY2 - [2012-13]	DY3 - [2013-14]	DY4 - [2014-15]	DY5 - [2015-16]		Categor Interven
ivelop dient-intered dical Home odel frastructure	A	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/ community	**Multiple PCMH Projects** • Provide home based primary care and team visits for dual eligible and high risk patients						• (Relates to 1: 5A)
ivelop dient-intered dical Home odel frastructure	A	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/ community	• Pain Management capacity and integration across the network						•
ivelop dient-intered dical Home odel frastructure	A	Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/ community	• Integrate Diabetes and Insulin Management, including provider education guidelines, group education interventions, and improved tracking						• (Relates to 2: 1C, Cat 2 Cat 1: 4D)
		Redesign care	• Congested Heart Failure (CHF)						•

Resources



DSRIP Category I -- Infrastructure Development
Choice of Project, Pay for Performance, Inpatient & Outpatient

s) & Payment	5 Year Goals	Related Projects	Project Lead & Team
Y5 - [2015-16]		Category & Intervention	Names
		• (Relates to Cat 1: 5A)	• Dr. Richard Edwards
		•	• Diana Prachyl
		• (Relates to Cat 2: 1C, Cat 2: 8B , Cat 1: 4D)	• Dr. Carter

DEVELOPING DSRIP PROJECTS

Key players

- Consider the other key leaders, staff and physicians and/or any external partner(s) who will need to be involved to ensure success.

Example: Project area is "Expand primary care access," Category 1, Project area 2.

Key leaders include Dr. X, primary care staff and patient advocates for primary care.

Project description

- Provide a basic description of the project activities, including clarification as to whether planning, implementation of a new service(s), and/or expansion of existing services will be involved.

Example: Expand primary care access

Project description: Coordinate with non-hospital Clinics to expand Primary Care Access, assist them in becoming PCMH and coordinate care across continuum.

Factors of success

- Consider the key factors for success with the project. Examples include:
  - Hiring a new leader with expertise in "X,"
  - Gaining buy-in from private physicians,
  - Garnering support of "X" community organizations,
  - Garnering support and engagement from health plan, etc.

Example: Expand primary care access

Factors of success include developing working relationships with non-hospital clinics to move toward PCMH and sufficient enrollment of patients who would use PCMH.

Roles

- Understand the key roles of organizational and partner resources for the project, including:
  - Role of Administrative/Analytical Staff.
  - Role of clinicians and allied professionals.
  - Role of Partner resources.

Example: Expand primary care access

Key roles of staff include:
-Developing strategy to implement PMCH
-Identifying patients to enroll in PMCH
-Maintenance

Existing resources

- Estimate how many existing staff and physicians will be assigned, either in current or new roles.
- How many new people for each role will need to be hired?
- What other resources are needed to support staff?

Example: Expand primary care access

Will need:
-X number of physicians
-X number of administrators
-X additional facilities

Impact

- Identify the expected impacts of the project on patients (satisfaction, health outcomes, quality of life/ADLs), staff, clinicians or cost.

Example: Expand primary care access

Impact includes improved health outcomes, improved care navigation, savings from preventive care, etc.

Metrics

- What metrics would you use to measure the impacts?
- How is that metric defined?
- Define the evidence base for the metric

See examples in DSRIP tables provided

Example: Expand primary care access at three clinic sites in southeastern region

HHSC will provide further guidance on how to develop detailed metrics for each intervention.

Data

- Are you able to identify a source for baseline data?
  - If so, what and where is the source?
  - If not, is this data being collected at all now, or is there a plan to collect the data soon?
- How will the data be collected and reported?
  - If electronic, through what source (software, database, etc.) will the data be collected from?
  - If not electronic, through what source and process, and by whom?

Example: Expand primary care access

Measurable data is number of primary care visits per demonstration year and length of time to third available routine appointment.

Data will be collected from PCMHs.

NEXT STEPS

Next Agenda & Meeting Schedule

- Homework to complete:
  - Performing Provider Readiness Assessment
  - Regional DSRIP voting assignment
- Draft Agenda for Next Meeting (June 28th)
  - Review Regional DSRIP voting summary
  - Review PPRA Summary
- Meeting Schedule
  - 2nd & 4th Thursday of each month
  - Time: 9:00am-10:30am
  - Location: The Riley Center - Southwestern Baptist Theological Seminary, Conference RC - 237

QUESTIONS

Contact information

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