Collaborative Connections: Impacting Care

Presented by:

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.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Panelists</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.</td>
<td>Registration and breakfast</td>
<td></td>
</tr>
</tbody>
</table>
| 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 Hrncirik, 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                                                                             |                                                                                               |

**Collaborative Connections**
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*

- Perceived Severity
- Convenience/Ease of Use
- Cost
- Beliefs and knowledge about alternatives
- Access/Availability
- Advice or referral

What can we impact at JPS?

- 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.
- 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?
- 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.
- Knowledge about the benefits of an ED visit compared with a Medical Home visit is not broadly known by staff.
- 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.
- Nurse advice line now available to direct patients to appropriate care setting

*Source: Uscher-Pines et al., 2013
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

- Commercial Restaurant Services: $648.0 billion
- Eating Places*: $471.1 billion
- Bars and Taverns: $20.6 billion
- Managed Services: $49.5 billion
- Lodging Places: $36.7 billion
- Retail, Vending, Recreation, Mobile: $70.2 billion

Noncommercial Restaurant Services: $58.5 billion

Military Restaurant Services: $2.7 billion

Restaurant Industry’s Share of the Food Dollar

*Eating places include tableservice restaurants and quickservice restaurants, cafeterias and buffets, social caterers, and snack and nonalcoholic beverage bars.

Source: National Restaurant Association – 2015 Industry Forecast
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

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

*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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Tableservice restaurant</th>
<th>Limited-service restaurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>All adults</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>Age 18-34</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>Age 35-44</td>
<td>28%</td>
<td>39%</td>
</tr>
<tr>
<td>Age 45-54</td>
<td>20%</td>
<td>31%</td>
</tr>
<tr>
<td>Age 55-64</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Children under 18 in household</td>
<td>25%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Source: National Restaurant Association, National Household Survey, 2014
Assess other industries for comparison:

## Restaurant Industry

### Top challenges expected by limited-service operators in 2014

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Quickservice (%)</th>
<th>Fast Casual (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Reform</td>
<td>42</td>
<td>9</td>
</tr>
<tr>
<td>The Economy</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>Government</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Building &amp; Maintaining</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Sales Volume</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Recruiting &amp; Retaining Employees</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Food Costs</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Labor Costs</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Minimum Wage Increase</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Competition</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Profitability</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

Source: Washington Post
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

Source: Coaching people through the Change Curve
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

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

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

RHP 12
Bobbye Hrncirik
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

**Diabetes Chronic Care Management**
- Individualized patient education and management
- Community classes
- Accessible for questions and support of decision-making, self-management needs

**DY 3 90 Day impact**
- **68.55% reduction** in Admissions
- **33.33% reduction** in ED Visits
- **$765,543** in Cost Avoidance

**DY 4 YTD: Similar Results**

**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
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......!
<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health System</strong></td>
<td>• Securing resources and removing barriers to care</td>
</tr>
<tr>
<td><strong>Self management support</strong></td>
<td>• Facilitating skills-based learning</td>
</tr>
<tr>
<td><strong>Decision support</strong></td>
<td>• Providing guidance for implementing evidence-based care</td>
</tr>
<tr>
<td><strong>Delivery system design</strong></td>
<td>• Coordinating care processes</td>
</tr>
<tr>
<td><strong>Clinical information systems</strong></td>
<td>• Supporting tracking and outcome reporting</td>
</tr>
<tr>
<td><strong>Community resources and policies</strong></td>
<td>• Sustaining care by using community-based resources and public health policy</td>
</tr>
</tbody>
</table>

*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*
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 Waiver 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.*
• 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