

HEALTH MANAGEMENT ASSOCIATES

A large white serif letter 'H' centered on a blue-tinted background of a hospital room with medical equipment.A large white serif letter 'M' centered on a green-tinted background of a hallway with columns.A large white serif letter 'A' centered on a dark red-tinted background of a conference room.

6/4/2014

RHP4 Learning Collaborative –
Improving Access to Care Workgroup

HealthManagement.com

Meeting Overview

- Raise the Floor Initiative and Workgroup Selections
- Raise the Floor Initiative
 - Social Media Opportunities and Best Practices
 - Reporting Requirements
- DSRIP Timeline and HHSC Updates
- Upcoming meetings
- Discussion, Q&A

Learning Collaborative Requirements

- All RHPs must select one or more region-wide “raise the floor” initiatives in which all providers must participate
- All Providers must also participate in at least one Learning Collaborative Targeted Improvement Team (work group) project
 - Improve Access to Care
 - Improve patient engagement and responsibility through health education and care coordination activities

Raise the Floor Initiative

- All Providers were instructed to complete Raise the Floor preference form
- Top 2 options selected:
 - Increase use of social media to communicate health information to patients/clients
 - Organize and host community wide/regional health fair to promote DSRIP improvement activities
- Social Media option – June 2014 – June 2015
- Health Fair option – July 2015 – Sept 2016

Learning Collaborative Workgroup Selections

- All Providers were instructed to select workgroup improvement measure for:
 - Improve patient engagement and responsibility
 - Improve access to care
- Also received selections from 3 RHP5 providers who are participating in Learning Collaborative activities

Provider Selections

- Increase number of appointments available to patients
 - Coastal Plains Community Center
 - Lavaca Medical Center
 - Memorial (Gonzales) Hospital
- Increase number of hours of clinic operations
 - Citizens Medical Center
 - Coastal Plains Community Center
 - DeTar Hospital
 - Memorial (Gonzales) Hospital
- Increase number of PCPs
 - Corpus Christi Medical Center
 - Cuero Community Hospital
 - DeTar Hospital

Provider Selections, cont.

- Increase number of specialty providers
 - Driscoll Children's Hospital
- Add new settings/clinics for health care delivery
 - Cuero Community Hospital
 - DeTar Hospital
 - CHRISTUS Spohn Hospital – Alice, Beeville, Corpus Christi, Kleberg
- Expand number of patients treated via telemedicine
 - Gulf Bend Center
 - Otto Kaiser Memorial Hospital

Workgroup Requirements

- Participation by all Providers is mandatory
 - Must participate in at least one workgroup
 - May change workgroup selection
- Providers establish own goals; work towards individual improvements based on where they are
- Providers will work together to provide technical assistance, identify opportunities for improvement, and share challenges and successes
- Quarterly reporting required to demonstrate progress towards meeting individual goal/s

Improving Access to Care: Resources and Learning Materials

- Every provider engaged in unique projects, but some common methods/resources are applicable to any provider
- Learning collaborative discussions will be used to provide new information/links to resources
- We encourage providers to send us helpful links/websites as you come across them!

Reasons for Disparities in Access to Care

- Lack of Insurance coverage
- Lack of a regular source of care
- Lack of financial resources
- Legal barriers (i.e. low-income immigrants)
- Structural barriers (transportation, inability to schedule appointments at convenient times)
- Scarcity of providers
- Linguistic barriers
- Health literacy
- Age

<http://www.news-medical.net/health/Disparities-in-Access-to-Health-Care.aspx>

Using Telemedicine in schools to expand access to care

- Project in rural North Carolina that uses telemedicine to provide services through school clinics
 - The nurse [practitioner] was knowledgeable about my son's condition and helped me in understanding and treating at home for on-going bronchitis" said one local parent. "The nurse [practitioner] was able to see, diagnose, and prescribe medication to him even before I got to the school from work.
It was quick and easy and saved my son and me a lot of time."
- http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.8018637/k.A3C0/Telemedicine_Expanding_Access_to_Care.htm
- Video:
 - <http://crhi.org/MY-Health-e-Schools/index.html>

Improving Process Turnaround Time in an Outpatient Clinic

- Six Sigma process for improving clinic efficiency and increasing available appointments
- Problem: “Patient wait times to see an internal medicine resident physician in the Hurley FAHC exceeded the patient threshold, causing dissatisfaction, poor medical compliance and high no-show rates.”
 - The team found an inadequacy in the check-in process and came up with an easy solution that could be implemented without disrupting staffing boundaries or violating union contracts.
 - Solutions to resident physician-related matters included having resident physicians review patient charts before their clinic day started and to utilize electronic prescription services.
 - The team piloted the improvements with a small group of residents. The solutions that they implemented had a positive impact on the process.
- <http://www.isixsigma.com/industries/healthcare/improving-process-turnaround-time-outpatient-clinic/>

Shared Appointments Improve Efficiency in the Clinic

- Clinics using shared appointments to expand access to care, address patient backlogs
 - Increases number of patients seen
 - Improves patient satisfaction
 - Improves provider satisfaction
- A two-year study funded by the Robert Wood Johnson Foundation showed that patients participating in the cooperative-clinic model stayed independent longer and were more satisfied with their physicians and with their understanding of their medical conditions. Physician satisfaction also increased, while hospitalization and ER use decreased by 12 and 18 percent, respectively. Cooperative-clinic participants were 2.5 times as likely to stay with their physician and with Kaiser.
- <http://www.managedcaremag.com/archives/0305/0305.sharedappointments.html>

RHP Tracking and Reporting Goals and Activities

- Plan – Do – Study – Act selected as methodology for tracking progress
- Quarterly reports due prior to each Learning Collaborative meeting
- Every provider must complete quarterly reports, which will be compiled and submitted to HHSC/CMS as part of the region's annual report

Workgroup Reporting Requirements

Template requirements:

- Identification of Quarterly Goal/Goals
- Plan for Implementation
- Activities initiated/accomplished towards reaching goal
- Review of successes, challenges, need for improvement
- Actions/next steps for improving and/or expanding implementation activities

Reporting Timelines and Requirements

- Providers will be required to submit quarterly reporting templates for 1) Raise the Floor Initiative and 2) Workgroup Improvement initiatives
- First reports will be due at September collaborative meeting
- At June 26 collaborative meeting, providers will complete a brief project-update template; template form will be provided by June 13th. Completed templates due June 20th.

Discussion and Next Steps

- Recommendations for future workgroup meetings
 - Topics of discussion
 - Presentations by providers
 - Other suggestions?

Coming Up!

- Thursday, June 26 – Regional In-Person Learning Collaborative
 - 9:00 AM to 3:00 PM (lunch will be provided)
 - Location: Region 2 Education Service Center, Room 3-11
209 N. Water St., Corpus Christi

Participation is Mandatory for all RHP 4 Providers!

Questions and Contact Info

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