Provider Presentations

RHP 4 Learning Collaborative

May 19, 2015

RHP 4 Learning Collaborative – May 2015

Behavioral Health Center of Nueces County

Recent Project Successes and Accomplishments
138305109.2.1 Behavioral Health and Physical Health Integration • Currently meeting our Cat 3 goal of HTN improvement. Of those in project with a dx of HTN, over 60% have controlled HTN compared to baseline of 36%. • Extension of clinic hours from 8-12 hours a week.
138305109.2.2 Peer Run Day Center • Implementation of person centered wellness goals for clients who attend the group. • Staff obtained Community Health Worker certification.
138305109.2.3 Social and New Media Outreach and Education • Creation of center Twitter and Instagram accounts • New project website completed and highlighted in local news
138305109.2.4 IDD Dual Diagnosis Clinic • Increased contracts with private HCS/TxHML provider companies. • Continued bi-weekly participation in an IDD Dual Dx Learning Collaborative
138305109.2.100 Patient Navigation Services • Class offerings began on 2-19-15 • Staff obtained Community Health Worker certification.
138305109.1.100 Safety Net Services • Filled two vacant direct support professional vacancies. • Services provided to 29 individuals this delivery year.

RHP 4 Learning Collaborative – May 2015

Behavioral Health Center of Nueces County

Recent Project Implementation Challenges
138305109.2.1 Behavioral Health and Physical Health Integration • Clinic cancellations due to lack of 2nd credentialed provider.
138305109.2.2 Peer Run Day Center • Low participation at first
138305109.2.3 Social and New Media Outreach Campaign • Necessity of new policies for social media • Website development was slow
138305109.2.4 IDD Dual Diagnosis • Contracting with external HCS/TxHmL providers was slow initially. • Some issues with family engagement after initial assessment.

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Behavioral Health Center of Nueces County

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered:
Activate a center Twitter and Instagram Account.
Next Steps:
Accounts activated. Develop content. Promote the social media presence.

RHP 4 Learning Collaborative – May 2015

Behavioral Health Center of Nueces County

Technical Assistance Needs
How do other center's monitor their social media accounts?

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Bluebonnet Trails Community Services

Recent Project Successes and Accomplishments
• Referrals have increased with the education of staff at Memorial Hospital ED
• PHI is shared through the hospital staff and the 1115 Waiver staff
• Local Providers (PCP) are open to the program and assist with services by communicating with the Navigator staff
• Acceptance from community agencies on what the project is and response to services.
• Navigator staff are able to enroll patients/clients in Health Care and PAP (patient assistance programs to obtain medications)

RHP 4 Learning Collaborative – May 2015

Bluebonnet Trails Community Services

Recent Project Implementation Challenges
• Referrals from the ED staff with signed consents
• Transportation for clients to appointments
• Sharing of information between agencies

RHP 4 Learning Collaborative – May 2015

Bluebonnet Trails Community Services

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered:
The Navigator Project at Memorial Hospital are working with the Marketing Staff to provide educational tips on Chronic Disease and Mental Illness Awareness using the hospital Face Book Page
Next Steps:
Continue submitting articles to the Hospital Marketing Staff for use on the Face book page.
Attend all community events that are open to education from the Navigator staff.

RHP 4 Learning Collaborative – May 2015

Bluebonnet Trails Community Services

Technical Assistance Needs
Access contact with clients that do not have phones or correct addresses when the referral is made.
Transportation is a great need for all clients.
Obtaining financial information from clients to assist in services needed.

RHP 4 Learning Collaborative – May 2015

Citizens Medical Center

Recent Project Successes and Accomplishments
• Community Health Worker hired
• Two new Lean Teams created – Breast Cancer Referrals, Bill Hold
• 85% complete in meeting our DY4 goal for patients seen in the EOU
• FQHC is operating 48 hours per week

RHP 4 Learning Collaborative – May 2015

Citizens Medical Center

Recent Project Implementation Challenges
• Physician buy-in for a change to the breast cancer referral process
• Resistance of medical record completion in order to properly code
• ER software system does not “talk” to Meditech system
• Contract ER physicians may not be available to complete record timely

RHP 4 Learning Collaborative – May 2015

Citizens Medical Center

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered:
Increase patient interaction by utilizing email newsletters
Increase public interaction with CMC and public education with posts on Facebook
Next Steps:
Continue collecting emails. Continue monthly event/education email.
Continue using social media posts from American Cancer Society and Women's Certified.
Employed doctors to supply information for posts and newsletters when possible.

RHP 4 Learning Collaborative – May 2015

Citizens Medical Center

Technical Assistance Needs
None at this time

RHP 4 Learning Collaborative – May 2015

Corpus Christi Medical Center

Recent Project Successes and Accomplishments

- Amistad FQHC – After initial setbacks with provider losses, the clinic is now fully staffed and monthly volumes have increased over baseline by approximately 11%.

- Resident / Specialists – We have increased our enrolled residents / fellows from a baseline of 26 individuals to 50 for the education year starting 7/1/14 and expanded the resident coverage to Doctors Regional Medical Center.

- We are also exploring various options to fulfill the continuity of care clinic rotations for our expanded number of residents. Options include:
    1. Dedicated FP/IM resident clinic
    2. Recruitment of additional primary care providers
    3. Partnering with local physician practices for clinic rotations

- Behavioral Health PHP / IOP – Baseline CY12 visits for the CDIOP of 152. In the 12 month period ending 3/31/15 we had well over 500 patients through the program.

RHP 4 Learning Collaborative – May 2015

Corpus Christi Medical Center

Recent Project Successes and Accomplishments

- Chronic Disease Registry – The registry is fully functional in all CCMC sites and through our automated report capabilities we are able to track and trend at risk patients using numerous types of inquiries. We are actively recruiting for Community Health Workers (CHW) to join our team.
    - CHWs will assist patients to gain access to needed services and help them gain self-sufficiency through post discharge follow up calls, education, social support, and care coordination.

- Care Transitions – Compliance with the LACE Readmission Risk screening continues to remain well above 90%. Patients identified as at risk are benefitting from our enhanced discharge planning interventions. Evidence to support this:
    - CHF readmission rate: Baseline CY13 rate 1.0095 – CY14 rate 0.7854
    - COPD readmission rate: Baseline CY13 rate 0.8976 – CY14 rate 0.6437

RHP 4 Learning Collaborative – May 2015

Corpus Christi Medical Center

Recent Project Successes and Accomplishments

- Sepsis – Successfully implemented two new operational changes (sepsis screening in the ED and use of the ED Sepsis Protocol). We are also recruiting for a full time Sepsis Coordinator to work in collaboration with the medical and hospital staff ensuring rapid identification and intervention.

  Comparison statistics from March 2014 to March 2015
  - 6% overall reduction in sepsis mortalities
  - 2% reduction in sepsis 30 day readmission rate
  - 1.3 day reduction in ICU LOS

RHP 4 Learning Collaborative – May 2015

Corpus Christi Medical Center

Recent Project Implementation Challenges

- As discussed in May, we learned that potential applicants to the Pulmonary Fellowship program were selecting other programs that offered a combined Pulmonary / Critical Care curriculum. We have since received AOA approval for our new Pulmonary / Critical Care Fellowship program and have two candidates beginning in July 2015.
- An underestimation of the resource needs to manage several of these projects. For instance:
  - Resources to track resident / fellow patient encounters in and outside the hospital setting (ambulatory clinics). This is not an automated process.
  - Resources to provide post discharge follow up interventions (phone calls, appointment set up, etc.)
  - Resources to proactively assist in the management of septic or potentially septic patients.
- Ability to recruit Behavioral Health and Primary Care Physicians to the market

RHP 4 Learning Collaborative – May 2015

Corpus Christi Medical Center

Raise the Floor Initiative:
Beginning or Expanding Social Media Utilization

Selected/Considered:
Established business Facebook and Twitter pages
Assembled social media team and monthly meeting schedule
Identified priority health categories for social media posts
Education provided to social media team *The New Social Media Handbook Webinar, hosted by Mayo Clinic and Vanderbilt Health System*
Submitted social media calendars for posting

Next Steps:
Expand local social media team to build calendar and write interesting posts
Include hospital and health events on pages

RHP 4 Learning Collaborative – May 2015

Corpus Christi Medical Center

Technical Assistance Needs
No technical assistance required at this time.

RHP 4 Learning Collaborative – May 2015

Corpus Christi Nueces County Public Health District

Recent Project Successes and Accomplishments
1.3.1 - 130958505.1.2 (HIE)
Continue to implement EMR conversions with local non-profits serving uninsured and underinsured clients within Nueces County
2.6.3 - 130958505.2.1 (Diabetes)
Service contract awarded to A&M CBHEC / Stanford Better Choices Better Health Chronic Disease Self-Management Program being reviewed as second award
Chosen as example project to demonstrate TX 1115 waiver success to CMS
2.7.5 - 130958505.2.2 (MEND) Established partner programs with Catholic Charities, Boys and Girls Club Corpus Christi/Robstown, and two additional sites.
Community education with social media and live media campaign
2.9.1 - 130958505.2.3 (Patient Navigator)
Hired 4 full-time Navigators, and enrolled initial 100 clients for DY3 baseline
All 4 Navigators completed the CBHEC Community Health Worker Certification Program

RHP 4 Learning Collaborative – May 2015

Corpus Christi Nueces County Public Health District

Recent Project Implementation Challenges
1.3.1 - 130958505.1.2 (HIE)
Cost in site EMR conversions, and Provider reluctance to EMR
2.6.3 - 130958505.2.1 (Diabetes)
Re-establishment of data due to records lost with previous employee turn over New manager hired in late May
2.7.5 - 130958505.2.2 (MEND)
Loss of CCISD as partner in offering MEND program to Corpus Christi school population New manager hired in late May
2.9.1 - 130958505.2.3 (Patient Navigator)
The hiring and training of 4 new employees while also enrolling baseline client group

RHP 4 Learning Collaborative – May 2015

Corpus Christi Nueces County Public Health District

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered: **2.7.5 - 130958505.2.2 (MEND)**
Provide a central source for free community events/activities involving physical
Progress Towards Goal(s):
Retweet news articles related to MEND
Connecting with partners on social media\ Sharing community activities on social media sites
Next Steps: Develop social media strategy including post schedule, ideas for blog posts, and develop key messages to promote the program on social media.
130958505.2.3 (Patient Navigator) begin using more social media techniques to
recruit clients, and remind/motivate them
2.6.3 - 130958505.2.1 (Diabetes) the Stanford online Diabetes self-management
program through a health department website link and Facebook.

RHP 4 Learning Collaborative – May 2015

Corpus Christi Nueces County Public Health District

Technical Assistance Needs
• Local support with CCISD to encourage 2015-2016 school year participation in the MEND program
• Increased interaction with local resource groups to maintain knowledge of community and efficiency of resource use. Ex. Monthly lunch or dinner group
• Face-to-face assistance with DSRIP reporting system for people new to a reporting
agency or waiver group. The manuals are not always easy to understand.

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Successes and Accomplishments

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Expand Care Transitions
    - Memorial campus began its program in DY3
    - Shoreline, Alice, Beeville and Kleberg campuses launched the program October 1, 2014
    - Spohn hired RNs and Community Health Workers
    - The Spohn team connected its Medicaid and uninsured/charity patients from hospital to home, with several goals, including the improvement of quality of life, increased access to care and decreased readmissions.
    - Spohn noted that the number of patients and staff lack of understanding of the program and its benefits. To resolve this issue Spohn continues to provide patient education with “leave behind” folder containing program outline. Spohn’s RN’s met with not only the patients but included the family to ensure a better understanding of the program benefits.

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Implementation Challenges

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Expand Care Transitions
    - Lack of communication between inpatient hospital settings and outpatient and community providers
    - Lack of consistent technology to support communication and electronic referrals
    - Potential for enrollees to opt out of participation in the Care Transitions Program, coupled with high attrition rates
    - Limited health literacy and barriers to care, such as financial and socioeconomic factors and availability of providers.

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Successes and Accomplishments

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Chronic Disease Registry
    - In January 2015, Spohn began data validation using the registry's reporting functionality
    - Developed protocols to design data capture workflows and disseminate data contained in the registry.
      - First protocol will provide a process for measure identification and dissemination of both site-specific and provider-specific summaries of the care provided to the clinic patient population
      - Second protocol will provide a methodology for impacting chronic care management using real-time notifications to providers/clinicians for their patients who are not receiving care according to the evidence-based practice guidelines reflected in their performance metrics
    - As of March 31, 2015, Spohn has over 42,000 patients with congestive heart failure (CHF) and Diabetes Mellitus (DM) entered in its registry. Identification at point of care has resulted in 1,900 patients referred or enrolled in Spohn's Cellular Glucometer Diabetes self-management program, PAD Telehealth screening program and Care Transition/Care Partner programs. Another 571 patients have been referred to Diabetes Education.

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Implementation Challenges

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Chronic Disease Registry
    - Challenges were primarily related to data validation in registry reporting functions due to limited time frames for the backload of historical clinic records in Spohn's FHCs that limited population denominators for those sites using paper medical records prior to August 2014

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Successes and Accomplishments

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Dual Diagnosis
    - Spohn developed a set of guidelines and protocols to enhance clinical staff's understanding of the depression screening process created for identifying patients with dual diagnoses and providing coordinated patient care. These guidelines are intended for emergency room, and family health clinics, and Spohn developed a slide deck for training purposes. Integration of the PHQ-2 form (for identifying patients with dual diagnoses including behavioral health needs) within the ED Meditech electronic medical record module is underway. Associates designated to facilitate triage in the emergency rooms at Spohn's three Corpus Christi facilities as well as those in the family in the family health clinics have received training and have begun screening identified patients for the existence of depression.

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Implementation Challenges

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Dual Diagnosis
    - This project requires that several departments become stakeholders in the collaboration of care. There are several steps that require close coordination of care for affected patients who submit to the initial and/or subsequent depression screening. Convening all stakeholders in this process posed a challenge for Spohn and consequently led to a delay in arriving at a final workflow plan and implementation of the training process.
    - An additional challenge faced during this project implementation was the addition of another paper process during triage because of delays in having the questions incorporated into the Meditech module.

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Successes and Accomplishments

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Sepsis
    - This project consists of implementing both the Sepsis Resuscitation and Sepsis Management Bundles as treatment for severe sepsis, septic shock, and/or lactate>4mmol/L (36mg/dl)
    - Improved stakeholder engagement and clinical documentation of sepsis cases. After the start of this program, Spohn implemented the electronic screening tool, workflow process and a metric to monitor the use and efficiency of the modified electronic screening tool
    - Since implementation, data continues to be reviewed and presented to stakeholders, resulting in improved processes and increasing detection rates for the identification of Sepsis
    - Corpus Christi campus bundle compliance target: 21%
    - Corpus Christi rate as of March 31: 30%
    - Alice campus bundle compliance target: 30%
    - Alice rate as of March 31: 35%

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Recent Project Implementation Challenges

- Corpus Christi, Alice, Beeville and Kleberg sites
  - Sepsis
    - Specific challenges Spohn has faced include nursing leadership and Emergency Room staff training in light of staff attrition, and high acuity patient surges contributing to delays in Sepsis bundle compliance
    - Other challenges include implementation of staff education, provider training, point of entry protocol development, and sepsis bundle and sepsis management bundle implementation set forth as a 90-day rapid cycle improvement.
    - As we progress, a continued, focused effort on Sepsis, through regular meetings of the Sepsis Process Improvement (PI) team, must be sustained

RHP 4 Learning Collaborative – May 2015

CHRISTUS Spohn

Corpus Christi, Alice, Kleberg, Beeville

Raise the Floor Initiative: Expanding Social Media Utilization

Selected/Considered:

Develop new (or update present Spohn) Facebook to include health education and health literacy such that Spohn acts as a “hub” of information including

- Community health events calendars
- Immunization sites
- Health resources etc.

Next Steps:

- CHRISTUS Spohn Marketing has provided and dedicated time and space to community initiatives designed to impact community health literacy and access to medical care.
- Community partners encouraged to share their events via CHRISTUS Spohn Facebook.
- Explore possibility of site hits to gauge intersect and success
- Increase use of traditional and technical media to advertise FB site

RHP 4 Learning Collaborative – May 2015

Coastal Plains Community Center
Recent Project Successes and Accomplishments

- Will start primary care services at a 5th clinic this year. Have started to offer Substance Abuse services at a 4th clinic this demonstration year.
- Approximately 470 clients have received integrated primary health care in DY4
- Have hired 4 Navigators to assist the clients in working closely with integrated health care consumers by developing integrated recovery plans, coordinating their health care, and providing health education. Will hire a 5th Navigator for our additional clinic site in Falfurrias
- Navigators have been extensively trained in Diabetes, Cholesterol, Blood Pressure, and other health needs. Have attended the 3 day Diabetes Education Empowerment Program (DEEP) and will be trained in the Community Health Worker Certification program.
- Have provided preventative services to over 420 consumers in the integrated program.
- Have started providing Group education classes at two clinic sites.
- Have revamped our Center's website to include link to Mystrength as well as links to other self help resources.

RHP 4 Learning Collaborative – May 2015

Coastal Plains Community Center
Recent Project Implementation Challenges

- It was challenging working within all the requirements of a Substance Abuse Provider. We needed to provide a separate building entrance for the substance abuse population and needed to work with their required paperwork. Had to set aside designated meeting rooms. Obtaining Change of Scope takes several months.
- We found that a lot of Coastal Plains clients did not want Substance Abuse services even though they have an identified SA problem. Had to carry forward the SA milestone from DY3 to DY4 and have just now met this milestone goal.
- Tracking and even improving in preventable admissions and readmissions to psychiatric and other inpatient facilities has proven to be very challenging.
- Due to overachievement in milestones, we have been asked to increase our goals.

Next Steps:

- Increase educational and skills Group attendance
- Increase integrated Substance Abuse Services
- Train Navigators to assist in implementing smoking cessation program for the Center.

RHP 4 Learning Collaborative – May 2015

Coastal Plains Community Center
Raise the Floor Initiative:
Beginning or Expanding Social Media Utilization

Selected:

We have started using the MyStrength.com on line resource. MyStrength is an evidence based, self-help resource that uses clinically proven models and engaging media to help people manage symptoms of depression and anxiety. MyStrength also offers a variety of exercises and activities matched to your consumer's personal motivation level and their identified priorities, using engaging activities. MyStrength offers health care providers the ability to meet consumer's demand by offering technology based self-management tools, extending the access to, improving outcomes – helping people feel better and stay better, and lowering the cost of care. We will receive monthly reports on the number of staff, consumers, and community use of the site.

Next Steps:

Will continue to train new employees on use of site. We will train primary care providers, Peers and SA providers on benefits of using this evidence based resource.

RHP 4 Learning Collaborative - May 2015

Coastal Plains Community Center Technical Assistance Needs
Would like more assistance with ideas on engaging clients in SA services and attending group services in rural areas.
Waiting to receive Technical Assistance on our two Category 3 milestones as our baseline performance is pending approval and needs clarification.

RHP 4 Learning Collaborative – May 2015

DeTar Healthcare System

Recent Project Successes and Accomplishments
Family Medicine Residency Project – 094118902.1.3
- All Residency Faculty have been hired and clinic is opened as of 10/01/2014
- Offering Saturday hours
- Medical student rotation
IOP Project – 094118902.1.1
- Primary care referrals
Chronic Disease – 094118902.2.1
- Found alternate location for clinic
- Category 3 metrics

RHP 4 Learning Collaborative – May 2015

DeTar Healthcare System

Recent Project Implementation Challenges
Family Medicine Residency
Staffing
Clinic Build Out
IOP
Transportation
Chronic Disease
Follow ups
Staffing
Pre-Natal
Local women's clinic
QI events

RHP 4 Learning Collaborative – May 2015

DeTar Healthcare System

Raise the Floor Initiative: Beginning or Expanding Social Media Utilization
Selected/Considered:
Current policy
Trying to change current policy
Asked for examples
Next Steps:
Follow up with marketing

RHP 4 Learning Collaborative – May 2015

DeTar Healthcare System

Technical Assistance Needs
Carry forward and QPI metrics

RHP 4 Learning Collaborative - May 2015

Driscoll Children's Hospital Recent Project Successes and Accomplishments
1. Maternal Fetal Medicine program: We have continued to increase the number of clinical operating dates, increased the number of providers, increased space in two clinic locations and begun collecting Cat. 3 NICU Data.
2. Urgent Care/Non-Emergent Clinics: We have increased our facility weekend hours in all three locations and are discussing changes to DY5 operating hours. We have been tracking the volume and working to increase patient satisfaction for timely access to care.
3. Telemed: We have increased the number of clinic dates and providers serving patients.
4. Cadena de Madre Program: We have reallocated resources to address patient needs and we have increased staffing efforts, locations, and marketing with our service communities. We've increased communication through mobile text messaging.
5. Specialty Services for Endocrinology project: We have continued to increase our clinic days to meet patient needs, increase providers and begun collecting Cat. 3 data on patient satisfaction and 3rd next available.
6. High Risk Follow-up Program: We have continued to increase staffing, provider relations and the number of clinical days available to patients to meeting volume needs.
7. The Oral Health project: We continue to incentivized providers to increase services and have increased provider training efforts in outlying areas of Nueces County.

RHP 4 Learning Collaborative - May 2015

Driscoll Children's Hospital Recent Project Implementation Challenges
1. Maternal Fetal Medicine program: With the expansion of MFM services in other region, staffing time has become essential to performing services and procedures though has also become spread across more locations. A provider recently left the practice as well.
2. Urgent Care/Non-Emergent Clinics: Continue to increase community awareness (specifically where we are located and what services are provided) and continue to not interfere with regular PCP operating hours. The Emergency Department has been a major renovation over the past 18 months which has affected patient flow.
3. Telemed: The continued challenges with this project is identifying and coordinating transportation to patients, shortage of pediatric psychiatrists, maintaining timely accessibility, and Patient pharmaceutical compliance.
4. Cadena de Madre Program: The continued challenges for this project are the member compliance, identification of high risk mothers within the claim system, and limited enrollment of pregnant mothers in first trimester.
5. Specialty Services for Endocrinology project: Continued recruitment of staffing in remote locations, patient immigration status, patient compliance with provider instructions, and lack of patient transportation.
6. High Risk Follow-up Program: On-going patient/parent compliance, parent/patient attendance to appointments, retrieving information from discharging providers, receiving timely subsequent referrals from the PCP and etc.
7. The Oral Health project: As DY goals become more challenging, we continue to experience claims lay time challenges in meeting the 100% of our goal attainment and provider participation.

RHP 4 Learning Collaborative – May 2015

Driscoll Children's Hospital **Raise the Floor Initiative: Activities Selected or Under Consideration for Beginning or Expanding Social Media Utilization**
Selected:
We plan to increase communications with our Healthplan membership through mobile services via text messages. We currently focus our efforts on a small group of members though we would like to expand our communications to other areas of services to provide a wide range of member interaction and continue communication efforts.
Next Steps:
-Continue with progress and update contract goals with GoldMobile -Continue to track progress and report total number of mobile text messages for DSRIP metric purposes

RHP 4 Learning Collaborative – May 2015

Driscoll Children's Hospital Technical Assistance Needs
None at this time

RHP 4 Learning Collaborative – May 2015

Jackson County Hospital District

Recent Project Successes and Accomplishments

- Utilization of the Outpatient Pulmonary Program has reduced the number of unnecessary ER visits for patients with COPD and Pulmonary Diseases.
- Continued improvement in patients quality of life who have COPD and Pulmonary Diseases.
- Increased “community buy in” supporting results of clinic / patient outcomes and benefits through testimonials and referrals to the program.
- On site meetings with hospitals in the region to supply educational materials and training regarding the Outpatient Pulmonary Rehabilitation Program.
- Community program and education for staff and physicians continues.
- On site evaluations available by OPR Staff at the request of the physician.

RHP 4 Learning Collaborative – May 2015

Jackson County Hospital District

Recent Project Implementation Challenges
Updating educational materials needed for staff, physician and providers.
Utilization by patients – on going training.
Training all staff in regards to the Outpatient Rehabilitation Program
Availability of Outpatient Pulmonary Rehabilitation Staff to Clinical Staff for patient referrals.

RHP 4 Learning Collaborative – May 2015

Jackson County Hospital District

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered:
Development of facility Facebook page to incorporate all departments within the hospital campus.
Next Steps:
Continue to introduce additional ways to use Facebook as a learning tool for patients. Continue to develop access to links to other social media sites with existing Facebook pages. Continue to update opportunities for education about the Outpatient Pulmonary Rehabilitation Program.

RHP 4 Learning Collaborative – May 2015

Jackson County Hospital District

Technical Assistance Needs
Jackson County Hospital District does not have any technical assistance needs at this time.

RHP 4 Learning Collaborative – May 2015

Lavaca Medical Center

Recent Project Successes and Accomplishments
Expand Existing Primary Care Capacity
• April SAR reporting
• QPI component (increasing visit levels) on track for Oct reporting
• Expanding clinic hours in progress and on track
• Detailed meetings and progress toward DY5 Physician Recruitment milestone.

RHP 4 Learning Collaborative – May 2015

Lavaca Medical Center

Recent Project Implementation Challenges
• Provider schedules to cover the scheduled hours of expanded service.

RHP 4 Learning Collaborative – May 2015

Lavaca Medical Center

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered: Enhanced content on web site – CDC syndication, embedded tools such as widgets and online video. Selection of content evidence based.
• Content supports LMC's category 3 selections
• In-house patient website information (brochures, specific handouts) integration with registration/discharge/visits.
Next Steps: Registered domain to appear on major search engines.

RHP 4 Learning Collaborative – May 2015

Lavaca Medical Center

Technical Assistance Needs
• None identified.

RHP 4 Learning Collaborative – May 2015

Memorial Hospital (Gonzales)

Recent Project Successes and Accomplishments
• 121785303.1.1 – Waelder Medical Clinic: Plans for the new clinic have been drawn up and we're currently awaiting the outcome of a grant application to determine if more monies will be available for improvements.
• 121785303.1.3 – Home Telemonitoring: We've continued to add more patients to the program. We have seen success in identifying patients who need intervention and prevent emergency room visits for chronic conditions, particularly CHF and hypertension.
• 121785303.1.100 – Home Glucose Monitoring: The number of patients who have undergone 24-hour glucose monitoring has increased but isn't at the numbers we originally hoped.

RHP 4 Learning Collaborative – May 2015

Memorial Hospital (Gonzales)

Recent Project Implementation Challenges
• 121785303.1.1 – Waelder Medical Clinic: Although we have doubled the clinic's hours, we're still facing some ingrained patient patterns. We've seen something of a decrease in use of the ER for primary care except in male patients of working age.
• 121785303.1.100 – Home Glucose Monitoring: Some of the providers aren't convinced of the advantages of 24-hour glucose monitoring in reducing A1c values but further education is being conducted.

RHP 4 Learning Collaborative – May 2015

Memorial Hospital (Gonzales)

Raise the Floor Initiative: Beginning or Expanding Social Media Utilization
Selected/Considered:
• Facebook Pages – We set up Facebook pages for Memorial Hospital, the James C. Price Wellness Center, our MediSpa and Sievers Medical Clinic.
• Website – We're currently expanding our website to include links to other helpful sites and have added online payment through the website as well.
Next Steps:
• Adding input from Bluebonnet Trails on mental health topics to our hospital Facebook page.
• Expand the patient education information we're putting on our Facebook page to include polls and surveys.
• Respond to comments on Facebook, both positive and negative.

RHP 4 Learning Collaborative – May 2015

Memorial Hospital (Gonzales)

Technical Assistance Needs
None at the present time.

RHP 4 Learning Collaborative – May 2015

Otto Kaiser Memorial Hospital

Recent Project Successes and Accomplishments
• Successful administration of TPA with Positive Outcomes • Staff & physicians have become much more comfortable with the technology and the processes that have been put in place.
• Volumes have increased dramatically since the program was implemented.

RHP 4 Learning Collaborative – May 2015

Otto Kaiser Memorial Hospital

Recent Project Implementation Challenges
• Getting new ER physicians and new EMS personnel trained and in-serviced without missing opportunities to use the system.
• IT Issues (Connectivity, Bandwidth, etc.) will always be a challenge, particularly in a rural area. However, IT problems have subsided of late and things are going really well from that perspective.

RHP 4 Learning Collaborative – May 2015

Otto Kaiser Memorial Hospital

Raise the Floor Initiative: Beginning or Expanding Social Media Utilization
Selected/Considered:
• Selected Facebook, Considered Twitter and YouTube
Next Steps:
•Run more social media campaigns, aligning them with health awareness events nationally and locally •Increase contacts with outside, local health related organizations to raise awareness and promotions of our in house initiatives, •run more “banner ads” across the top of our OKMH site touting employment opportunities.
•Embed our Facebook News Feed into our hospital webpage, run more “banner ads” across the top of our OKMH site touting employment opportunities.

RHP 4 Learning Collaborative – May 2015

Otto Kaiser Memorial Hospital

Technical Assistance Needs
IT issues (connectivity, bandwidth) can never be totally eliminated, but currently those issues have subsided.

RHP 4 Learning Collaborative – May 2015

Refugio County Memorial Hospital District

Recent Project Successes and Accomplishments
• Dr. Katasha Perry-Lindley began seeing patients at our rural health clinic on April 13, 2015.
• The contract with Dr. Joseph Dillon Jenkins as been signed and he is scheduled to begin work at our rural health clinic June 1, 2015.
• Restructured Departments within our organization to more effectively manage our projects and achieve our goals.

RHP 4 Learning Collaborative – May 2015

Refugio County Memorial Hospital District

Recent Project Implementation Challenges
• As previously reported we lost two of our three full-time physicians in the last half of 2014.
• Our goal was to increase clinic volume by 1100 visits in 2014; however clinic volume declined significantly in the last half of 2014.
• We are still having problems with our new EHR, particularly with our ability to generate accurate reports

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Refugio County Memorial Hospital District

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered:
Public health and safety education via Facebook and/or You Tube
Next Steps: Continue collaboration with staff members and regional health partners to
discuss the risks and rewards associated the implementation of a social media program

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Refugio County Memorial Hospital District

Technical Assistance Needs
We have no specific technical needs at this time

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Yoakum Community Hospital

Recent Project Successes and Accomplishments
Project to Improve Access to Care:
➢ Goal was to hire an Allied Health Professional for our Medical Office Building
➢ FNP began seeing patients July 3, 2014
➢ FNP saw 636 patients between October 1, 2014 and March 31, 2015

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Yoakum Community Hospital

Recent Project Implementation Challenges
➢ Retirement of an FNP in the Medical Office Building

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Yoakum Community Hospital

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered:
➢ Update the Yoakum Community Hospital Website
➢ Created a hospital Facebook page
Next Steps:
➢ Budgeted for additional FTE for budget cycle beginning July 1, 2015

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Yoakum Community Hospital

Technical Assistance Needs
➢ Personnel needed to monitor Facebook page, as well as, to update the website

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Border Region Behavioral Health

Recent Project Successes and Accomplishments

- Collaboration with South Texas Behavioral Health for the use of tele-psych services
- Exceeded number of behavioral health providers serving medically indigent. Goal – 310, served 481
- Number of individuals receiving primary care services in Region 5. Goal - 50 for DY3 & DY4, to date 118 have been receiving services. Increased goal for DY5 from 50 to 100.
- Enroll and serve clients with targeted complex needs, goal-120, served 322 individuals in DY3
- Reporting 32% decrease in state facility utilization, goal – 10% decrease from DY1, 23/70.

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Border region Behavioral Health Center

Recent Project Implementation Challenges

- Meeting our goal for 1.1- use of telemedicine
- Obtaining booking data form Criminal Justice system for Starr County, Starr County office manager working with Starr County jail for booking information
- Researching data on regional psychiatric hospital 30 day readmission rate for risk adjusted rate, will be receiving technical assistance from HHSC on this measure
- Reporting improvement of functional status- currently working on ensuring integrity of data
- 7 day/30 day follow up outpatient visit after hospital discharge. Staff are making the contact but not providing outpatient visit
- QPI reports not completed

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Border region Behavioral Health Center

Raise the Floor Initiative:
Expanding Social Media Utilization

Selected/Considered:

Our goal is to increase the use of social media and to communicate health information to clients for both Regions 5 & 20. Communication is the key to giving patients the best care possible. We have contracted with Solutionreach as the vendor who will provide us with these services and Border Region's Facebook account.

Next Steps:

- Complete implementation of service with Solutionreach in conjunction with Cerner, expected to roll out (no date) for Webb, Starr at a later date
- Ensure that all client information is updated
- Inform clients of this service and instruct them
- Post flyers Center wide to notify clients and staff

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Rio Grande Regional Hospital
Recent Project Successes and Accomplishments

- 2.6.1 Implement Evidence Based Health Promotion Programs- Lactation Program Enhancement

➢ We provided educational services to 2,300 patients on breastfeeding education and techniques. Out of these 76% are Medicaid/Low Income.

➢ The Lactation Program Enhancement now offers outpatient lactation education consultations, post-partum depression screenings, free post-partum glucose screenings (for gestational diabetes patients), and family planning education among others.

- 1.1.2 Expand Primary Care Capacity: OB/GYN Care Capacity

➢ The Women's Clinic, part of Rio Grande Regional Hospital services, has been able to expand their clinic hours in 4 of their clinics.

➢ In addition to offering extended hours, the project has also increased patient navigators, and clinical staff to service the new patient volume.

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Rio Grande Regional Hospital
Recent Project Implementation Challenges

- 2.6.1 Implement Evidence Based Health Promotion Programs- Lactation Program Enhancement

➢ We have been able to break some of the cultural barriers that we had been encountering during the education portion. However, we are now searching for ways to expand our capacity and location to meet DSRIP metrics for DY5.

1.1.2 Expand Primary Care Capacity: OB/GYN Care Capacity

➢ We have been able to finally hire a FT NP, that we needed to meet our carry forward DY4 Metric. However, our challenge is finding ways to expand our services to different locations and people. This is mainly due to the DSRIP baseline for the QPI metrics.

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Rio Grande Regional Hospital Raise the Floor Initiative: Activities Selected or Under Consideration for Beginning or Expanding Social Media Utilization
Selected:
- See project “under consideration” below.
Under Consideration:
- Blog is active, but not live yet.

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Rio Grande Regional Hospital Technical Assistance Needs
- Currently Rio Grande Regional Hospital is interested in Technical Assistance regarding attendance to informational sessions.

RHP 4 Learning Collaborative – May 2015

University of Texas Health Science Center at Houston

Recent Project Successes and Accomplishments
1. Implement innovative Evidence-based Strategies to Reduce and Prevent Obesity in Children and Adolescents = MEND program
• 390 participants enrolled since June 2014 in the MEND program.
• 21 MEND programs for children ages 6-13 have successfully started in 2015 at Elementary Schools in Brownsville and Sport Parks.
• Post program activities continue: monthly exercise sessions offered at the local Farmers Market along with market produce coupons.
• 6 month post program data are being collected
2. Expand Model of Management of Chronic Diseases in Upper Valley of RHP = Salud y Vida program
• 358 participants enrolled since August 2014
• 80% enrolled at partnering clinics and 20% enrolled in the community (health fair)
• 65% reduced their A1c over baseline at 3 months / 43% reduced to below 9% • 68% reduced their A1c over baseline at 6 months / 35% reduced to below 9%

RHP 4 Learning Collaborative – May 2015

University of Texas Health Science Center at Houston

Recent Project Implementation Challenges
1. Implement innovative Evidence-based Strategies to Reduce and Prevent Obesity in Children and Adolescents = MEND program
Recruitment of families in the program (time conflicts with MEND sessions and mandated tutorials sessions at schools) → Change time of the MEND sessions in the future (Spring)
Retention of families into the program → Keep providing incentives, open more programs in settings other than schools
Collecting 6 month post program data (no show, reaching families can be challenging) → collect data at "families reunion" sessions, post program exercise sessions, home visits
2. Expand Model of Management of Chronic Diseases in Upper Valley of RHP = Salud y Vida program
Enrollment of participants in the program → focus enrollment through clinics, home visit follow-ups on no-show appointments and outreach at non-clinic community settings

RHP 4 Learning Collaborative – May 2015

University of Texas Health Science Center at Houston

Raise the Floor Initiative: Expanding Social Media Utilization
Selected/Considered:
Use of Social Media: Facebook and Text messaging
• MEND and Salud y Vida Facebook pages regularly updated
• Motivational text messages sent once a week to MEND and Salud y Vida participants for long term behavior change maintenance
Next Steps:
• Facebook page will continue to be regularly updated
• Videos that feature role models for MEND and Salud Y Vida participants will be created and shared on Facebook and the TSSC You Tube Channel.

RHP 4 Learning Collaborative – May 2015

University of Texas Health Science Center at Houston

Technical Assistance Needs
Not applicable at the moment.

RHP 4 Learning Collaborative – May 2015

UT Health Science Center at San Antonio

Recent Project Successes and Accomplishments

1. Establish/Expand a Patient Care Navigation Program Based on a Mobile Clinic Model

- In DY 4, CHWs have provided navigation services to 595 participants. Participants are identified through community events, screened for chronic diseases, and then navigated to appropriate resources such as the Mobile Clinic for primary care , chronic disease programs, or other health promotion programs as needed.
- CHWs have provided education to 803 individuals on the following topics-
  1. Healthy Eating
  2. Portion Control
  3. Nutrition
  4. Importance of Physical Activity
  5. Basic Diabetes Information
  6. Blood Pressure and Hypertension
- CHW also provide free exercise classes in the communities served by the Mobile Clinic.
- Success story- One of the CHWs encountered a man who had been laid off from his job, did not have health insurance, could not afford to see the doctor, and suffered from chronic high blood pressure. His condition was spiraling out of control, which meant he was unable to get another job, and thus he was caught in a vicious cycle. The CHWs scheduled an appointment at the Mobile Clinic and he was able to get back on track with his blood pressure medications and is now able to seek employment and provide for his family.

RHP 4 Learning Collaborative – May 2015

UT Health Science Center at San Antonio

Recent Project Successes and Accomplishments
2. Implement Evidence-based Health Promotion Programs Through a Community Wide Campaign to Promote Healthy Lifestyles
▪ Project Partners- Port Isabel, Laguna Vista, Los Fresnos, Brownsville, San Benito, Rio Hondo, Los Indios, Combes and Harlingen (9 cities in Cameron County)
▪ Seven cities participated in an effort to engage their communities in a healthy weight loss challenge and over 1,000 people participated in this 4-month endeavor.
▪ All 9 cities are creating environmental changes that promote physical activity and healthier lifestyles for their constituents.
▪ All 9 cities have implemented the use of role models to promote healthy behavior change related to physical activity and healthy eating. Information is disseminated by each city's CHW through newsletters, newspaper columns, and social media. The CWC is also featured in a television program segment.
▪ CWC has also promoted changes in school district curriculum such that 3 cities have adopted Coordinated Approach To Child Health.
https://www.youtube.com/watch?v=19fgiwmdts4

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UT Health Science Center at San Antonio

Recent Project Implementation Challenges
1. Establish/Expand a Patient Care Navigation Program Based on a Mobile Clinic Model
▪ Implementing a preventable ED reduction program
▪ Identifying the specific payer source for patients who report having insurance.
2. Implement Evidence-based Health Promotion Programs Through a Community Wide Campaign to Promote Healthy Lifestyles
▪ Identifying the specific payer source for patients who report having insurance.
▪ Each city is diverse in their population size, resources, and capacity to implement CWC initiatives.

RHP 4 Learning Collaborative – May 2015

UT Health Science Center at San Antonio

Raise the Floor Initiative: Expanding Social Media Utilization

Selected/Considered: Social Media

Facebook page

- Promote workout classes, newsletters, and activities
- Feature a 30 sec. of interviews that promote attendance to program events
- Approximately 1,000 likes on the FB page
- Popular videos
  1. Men's Health segment- Reached 3,200 people, 15 shares, over a 2 day period
  2. Free exercise class at Oliveira park - Reached 6,400 people, 35 likes, 1 share, over 1 month
- Started a "HealhtySelfie" initiative

You Tube channel

- Features cooking segments with healthy recipes
- Also features simple workout clips

Next Steps:

- Enhance current content on Facebook Page
- Promote the 'HealthySelfie'

RHP 4 Learning Collaborative – May 2015

UT Health Science Center at San Antonio

Technical Assistance Needs

- How can we determine if the insurance type is a managed Medicaid product or truly private pay?

RHP 4 Learning Collaborative – May 2015

Valley Regional Medical Center
Recent Project Successes and Accomplishments

- 2.12.2 Implement Care Transition Programs-Focused on CDM of Diabetes
  - Valley Regional Medical Center implemented a Inpatient Diabetes Education/Care Policy.
  - Nurses have been trained on Diabetes Management, and based on the policy they are imparting education to diabetic patients.
  - Upon discharge patients are attending Valley Regional Center Outpatient Center for Diabetes Management.

- 2.6.1 Implement Evidence Based Health Promotion Program- Diabetes Education
  - Valley Regional Medical Center has been able to establish a partnership with a local school district.
  - Valley Regional will provide follow up education and intervention at the beginning of the school year to students whose screenings determined they are at high risk.

RHP 4 Learning Collaborative – May 2015

Valley Regional Medical Center
Recent Project Implementation Challenges

- 2.12.2 Implement Care Transition Programs-Focused on CDM of Diabetes
  - Nurses were assigned courses to learn about diabetes and how to properly chart that information. Initially the course completion percentage was low and proper charting was not occurring.
  - Initially, Senior Leadership sent out reminders to Nursing staff to complete charting and education. As Nurses completed their courses, charting and referring patients is now occurring as the policy indicates.

- 2.6.1 Implement Evidence Based Health Promotion Programs - Diabetes Education
  - Expansion of facility and currently considering additional staffing.

RHP 4 Learning Collaborative – May 2015

Valley Regional Medical Center
Raise the Floor Initiative: Activities Selected or Under Consideration for Beginning or Expanding Social Media Utilization

Selected:

- Social Media: Valley Regional Medical Center currently has a Hospital Facebook page.

- Revamp Diabetes Management Website

VALLEY REGIONAL
Medical Center
An HCA Affiliated Hospital

Diabetes Management

Diabetes is one of the main health issues in south Texas, affecting almost 76,000 in the Rio Grande Valley, and 3 in 5 of those people will need hospital care or emergency services. The Diabetes Management Center at the Valley Regional Medical Center offers support for juvenile diabetes, adult onset diabetes and gestational diabetes in the form of inpatient care, outpatient clinics and school programs.

Valley Regional also participates in many local health fairs and events throughout the community. Some of the diabetes education services we offer include diabetic meal plans, tracking sugar levels for kids, and health screenings at Wal-Mart.

Our Diabetes Education Program services are completely free to all patients. and is led by a Program Coordinator, a Nutritionist and a Certified Diabetes Educator (CDE)/Nurse Practitioner (NP).

RHP 4 Learning Collaborative – May 2015

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Valley Regional Medical Center Technical Assistance Needs
- Valley Regional Medical Center is open in attending any additional informational sessions regarding DSRIP Projects.