

RHP 4 LEARNING COLLABORATIVE PLAN
September 26, 2013

1. Provide a narrative description of your learning collaborative, including membership structure, etc.

Regional Healthcare Partnership (RHP), Region 4 (RHP 4) has established a Learning Collaborative designed to bring together all RHP 4 Performing Providers for the purpose of sharing their experiences and expertise related to Delivery System Reform Incentive Payment (DSRIP) Plan project implementation, in order to maximize the opportunity to learn from one another’s successes as well as mistakes. To develop this plan, the Providers in RHP 4 joined together to discuss the opportunities and activities of the Region’s collaborative, including the structure, the individual and joint responsibilities of each Performing Provider, the process of tracking and sharing progress of the teams working on various projects, the goals and objectives of the collaborative, and the community benefits of a strategic plan for working together.

All twenty-one Performing Providers will participate as members of the RHP 4 Learning Collaborative, as listed in the following table:

RHP 4 Performing Providers Participating in Learning Collaborative	
Bluebonnet Trails Community Mental Health Center	Cuero Community Hospital
Camino Real Community Services	De Tar Hospital
Christus Spohn Hospital – Alice	Driscoll Children’s Hospital
Christus Spohn Hospital – Beeville	Gonzales Healthcare System
Christus Spohn Hospital– Corpus Christi	Gulf Bend Center
Christus Spohn Hospital – Kleberg	Jackson County Hospital District
Citizens Medical Center	Lavaca Medical Center
Coastal Plains Community Center	MHMR of Nueces County
Corpus Christi Medical Center	Otto Kaiser Memorial Hospital
Corpus Christi – Nueces County Public Health District	Refugio County Hospital District
	Yoakum Community Hospital

As the RHP 4 Anchor, the Nueces County Hospital District will serve as the Administrative Coordinator of the RHP 4 Learning Collaborative. Functions of the Coordinator will include:

- Organizing and hosting at least two Learning Collaborative face-to-face meetings per DY ;
- Organizing and hosting Learning Collaborative conference call meetings during each quarter that a face to face meeting is not scheduled, with additional meetings scheduled as needed and determined by the Collaborative participants;
- Hosting a Learning Collaborative web-link on the RHP 4 website for posting relevant materials and information for all members, including updates on project activities, improvement ideas and success stories, and notices regarding upcoming meetings and discussion opportunities both within RHP 4 as well as opportunities available in other Regions;
- Assist in coordination of periodic meetings with other RHP Regions to broaden the learning opportunities for Providers in RHP 4;

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- Collect information on region-wide improvement goals, and provide periodic updates for RHP 4 Providers; and
- Provide additional support and learning opportunities as needed.

Draft agendas for Learning Collaborative meetings will be developed in advance, and all members will be requested to provide input on specific discussion items and to submit suggestions for additional topics of discussion for each meeting. The Anchor/Administrative Coordinator will provide final agendas in advance of each meeting with specific assignments for members to ensure all attendees are prepared to actively participate in each session. Discussions will include updates from each Performing Provider on their progress and accomplishments; sharing of successes, challenges, and possible solutions; updates on new improvements underway; discussion of how Providers' activities are meeting the community goals and whether any adjustments should be made to maximize regional success; and recommendations for future discussion and follow-up to ensure the Collaborative process is beneficial for all participants.

Performing Providers will be responsible for attending and actively participating in each Learning Collaborative meeting. Depending on the agenda and topics to be discussed, Providers may provide subject-matter experts to discuss best-practices and recommendations for use by other Providers. Collaborative members will agree to test new ideas and will report on the results at each subsequent meeting. Providers will also identify regional improvements that all RHP 4 Providers agree to pursue, and will report on experiences at subsequent meetings so that all Collaborative participants may learn from others' experience.

Through the ongoing activities of the Learning Collaborative, all Providers will contribute to important community improvements in health care delivery and outcomes. While all Providers and their respective project coordinators will benefit from the sharing and teaching opportunities provided through the Collaborative, the ultimate beneficiaries of collaboration will be the citizens/patients of RHP 4 who will receive better health care in the right place, at the right time, and in a more cost effective manner.

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2. Describe the aim(s)/goals of the collaborative.

RHP 4 has previously created a community-centered DSRIP Plan that is intended to transform the health care delivery system in RHP 4 by focusing on improvements in health outcomes, patient care experiences, and cost effectiveness. RHP 4's Learning Collaborative will support the Performing Providers as they pursue implementation of their projects through a community-wide Collaborative that encourages, instructs and celebrates progress and accomplishments.

The primary goal of the Learning Collaborative is to provide an environment of continuous learning and sharing among Providers to achieve meaningful improvements in the delivery of health care services throughout RHP 4. Additional goals that support this overall Collaborative strategy include:

- Facilitate exchange of ideas and communication of information to improve DSRIP project implementation and outcomes;
- Enhance relationships between Providers to assist in the development and coordination of strategies for improving community health;
- Provide logistical and organizational support for collaboration among team members;
- Support transition to data-driven improvements and team-based learning that enables health care Providers and organizations to benefit from the experiences and expertise of other Collaborative partners;
- Enable the sharing of relevant technical and clinical information to support project and regional success; and
- Provide an environment that acknowledges and maximizes the value of each Provider's unique perspective, staff expertise and experience, and supports their participation in RHP 4's DSRIP Plan program.

Taken together, these goals are designed to assist and support Providers as they transition to an integrated care system. Through the Learning Collaborative model, Providers will learn from one another as they test and implement changes and identify improvement methods that work as well as those that do not.

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3. Describe the improvement methodology chosen, including key elements of design.

The RHP 4 Learning Collaborative will use the Plan-Do-Study-Act (PDSA) methodology to assist in the Collaborative's learning process. This particular methodology was selected based on the experience of participating Providers, familiarity with the PDSA methodology, and the ability to successfully utilize this strategy for implementing and measuring improvements.

To identify key priorities for the focus of Learning Collaborative activities and improvement targets, RHP 4 reviewed the DSRIP Plan's Community Needs Assessment and the variety and frequency of DSRIP Plan projects included in the RHP 4 Plan. Based on this review as well as input from Performing Providers, the following two RHP 4 priority areas were selected for the initial focus of the learning collaborative process:

1. Improve access to care; and
2. Improve patient engagement and responsibility through health education and care coordination activities.

Additional areas of focus may be added in the future as agreed upon by the Learning Collaborative's members.

Based on the number and scope of their RHP 4 DSRIP Plan projects, Performing Providers may participate on one or both Learning Collaborative Improvement Strategy teams. Each Improvement Strategy team will be responsible for identifying specific outcome improvement targets that may be used by participating Providers to demonstrate improvement for that strategy. Consistent with the PDSA process, the Providers will use the following discussion questions to develop specific improvement targets:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?
- How do we track and collect the information necessary to identify the improvement?

From the list of improvement targets developed by the two Improvement Strategy teams, each Performing Provider will select one or more outcome measures for demonstrating improvement within their organization. Outcome improvement targets may vary depending on the type of provider (i.e., hospital, children's hospital, Health Department, Hospital District, behavioral health provider), and specific DSRIP Plan projects in which the Provider is participating. For example, potential outcome improvement targets that *could be* selected for measuring improvements by the Access to Care Improvement Strategy team might include:

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- An increase in the average number of patient visits per month;
- A reduction in average wait time for an appointment;
- A reduction in the number of avoidable ER visits; or
- An increase in the number of primary care providers.

From the potential list, each Performing Provider will select one or more specific improvement goals and will work with the Improvement Strategy team to develop plans for achieving the goal. The Strategy team will establish timeframes and reporting requirements to track and measure their progress. Each Provider will be responsible for establishing internal organizational requirements for tracking their progress, and will provide summary reports, progress updates and data reports at each Learning Collaborative meeting. Providers will identify a specific time period of not less than eighteen months during which they will work towards their common goal.

Each Improvement Strategy team meeting will support the PDSA process through a variety of activities, including:

- Presentations from subject matter experts, a review and discussion of relevant studies and reports to identify project similarities and best practices that may be used by Performing Providers. Topical learning sessions will be offered to focus on specific problem areas;
- Presentations from Performing Providers on progress, challenges, and successes, and recommendations to other Providers based on “lessons learned;”
- Structured problem solving that allows Performing Providers to solicit recommendations from their peers on the Strategy team;
- Regular, periodic updates of specific projects and strategies employed for meeting their goals;
- Regular, periodic reporting of quantitative data demonstrating progress towards achieving outcome targets; and
- Discussions among Performing Providers to share information, discuss work activities, assess progress and identify strategies used by other Providers that could be replicated among other organizations.

Throughout this process, the primary focus will be on learning and sharing information and peer-to-peer support and encouragement. Summary reports will document the testing process, successes and failures, lessons-learned, strategies for success and final results. Reports will be posted on the RHP 4 Learning Collaborative website for all members to review and share with their project colleagues within their organization to further spread the reach of the learning experience.

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4. Describe the structured leadership roles.

Because the primary role of the Learning Collaborative is to engage all Performing Providers in a process that ensures all participants share in both the teaching and learning role, the Collaborative leadership roles are designed to contribute to a process that encourages open discussion and transparency. The roles are not intended to establish a hierarchy or management structure in the traditional sense, but are intended to ensure team members are actively engaged in the Collaborative process and that Collaborative meetings are well organized, focus on issues relevant to Providers' current activities, and maximize the use of time for all participants.

RHP 4 has identified four leadership roles for the Learning Collaborative: the Administrative Coordinator, Project Team Leader, Technical Improvement and Reporting Manager, and Performing Provider Key Contacts.

Anchor

As previously described, the RHP 4 Anchor will serve as the Administrative Coordinator for the Learning Collaborative and will provide technical, logistical, organizational, informational, and web support. Performing Providers will be responsible for assuming the technical and clinical roles associated with the Learning Collaborative's activities.

Project Team Leader

Each Performing Provider will have one or more designated members of the Learning Collaborative. Each Provider will determine whether they will participate in one or both of the two learning strategies that are the priority focus of the learning collaboration (i.e., Improve access to care and Improve patient engagement and responsibility through health education and care coordination activities). For each Improvement Strategy team in which they participate, Providers are required to designate a primary participant (i.e., Key Contact), but are encouraged to also include additional participants who are engaged in the implementation process of the Provider's DSRIP Plan projects.

Within each of the two Improvement Strategy teams, Providers will select a **Project Leader** who will serve as the coordinator for that specific team. The Project Leader will serve for a minimum of six months but may serve longer. Responsibilities of the Project Leader may include but are not limited to:

- Create an agenda prior to each team meeting;
- Solicit input from team members to identify topics for discussion;
- Work with the Anchor/Administrative Coordinator to provide periodic updates and information to team members and all Learning Collaborative members at Learning Collaborative meetings and as needed;

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- Work with team members to identify individuals with specific expertise who may be potential speakers at collaborative meetings; follow-up with logistical arrangements for scheduling presentations as appropriate;
- Provide information and updates to the RHP 4 Anchor/Administrative Coordinator for inclusion on the RHP 4 Learning Collaborative website or in other publications of the Anchor and/or RHP 4; and
- Provide additional planning and coordination activities as required.

At the time a successor Project Leader is selected, the outgoing Project Leader will continue to work closely with the new Leader during the transition.

Technical Improvement and Reporting Manager

Each team will also have a member who serves as the Technical Improvement and Reporting Manager who will work closely with the team to collect data in a consistent manner in order to evaluate progress towards the team goals. The Manager will serve for a minimum of six months but may serve longer.

Responsibilities may include but are not limited to:

- Work with team members to identify quantifiable goals for measuring the team's improvement progress;
- Work with Project Leader and team members to develop reporting requirements, templates, and timelines for measuring progress on meeting objectives and goals;
- Provide technical report summaries to Anchor/Administrative Coordinator for publication on the Region's website;
- Provide technical assistance to team members as needed to complete reporting requirements; and
- Work with Anchor to publish materials on the Learning Collaborative website.

Performing Provider Key Contacts

All Performing Providers will have designated key team members for one or both Learning Collaborative Improvement Strategy teams. Providers may have multiple participants on each team, and are encouraged to do so in order to maximize the potential benefits of the Learning Collaborative process. However, one individual from each Provider will be designated as the Key Contact and will be responsible for ensuring the Provider is represented at all team meetings. The Key Contact will also forward meeting notices and information to other colleagues of the Performing Provider in order to ensure widespread distribution of Collaborative materials. If the designated Key Contact changes, the Provider must immediately name a successor to ensure communication channels are maintained.

At least one team member must attend each Learning Collaborative team meeting, and will be responsible for providing updates at each meeting on the Provider's progress towards meeting the

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outcome objectives and goals. All Members must actively participate in the development of meeting agendas to ensure discussions are relevant to RHP 4's activities and address issues of interest to the participating Providers. Members may also make recommendations on experts within or outside their organization who may be potential presenters at future meetings. Members will actively participate in all discussions of the team, will share updates and progress reports on project activity, and will discuss best practices and recommendations for achieving success with other Providers.

5. Describe the measurement plan. This can include CQI processes and quality outcome data including Category 3 and Category 4 outcomes.

The measurement plan for tracking progress and documenting results for the two Learning Collaborative Improvement Strategy teams will be established by the two working groups. Performing Providers on each team will select outcome measures depending on the type of provider and the specific DSRIP Plan projects they are implementing. As previously described, while all providers on each team will work towards a common goal/outcome (either improves access to care or improve patient engagement and responsibility through health education and care coordination activities), the specific measurement criteria may vary among providers. Providers on both teams will collaborate with one another to determine what information will be tracked, frequency of reporting, content of reporting templates, and the timeframes for reporting periods. Data collection processes will be developed and documented by each provider to catalogue challenges, solutions, tests and progress to ensure sharing of ideas and experiences. At each meeting of the Improvement Strategy teams, a designated set of Providers will provide a comprehensive report on their experiences on a rotating basis so that all Providers will present at least semi-annually. Reporting will include progress on applicable DSRIP Plan Category 3 and DSRIP Plan Category 4 outcomes.

As part of the Continuous Quality Improvement (CQI) process, all of the Learning Collaborative's Performing Providers will also participate in one or more Region-wide "raise the floor" initiatives. The Providers will decide in the first Demonstration Year (DY) 3 Collaborative meeting the subject of the RHP 4-wide initiative. Depending on the Providers' decision, tracking and data reporting requirements will also be established by the Providers and written follow-up instructions will be provided after the meeting to ensure consistency and comparability among Providers. Progress reports will be included in conference calls and in-person meetings, and quarterly written reports will be submitted using a standardized template. The reports will include information on the strategy used by the Provider, identification of problems and the solution employed by the Provider, ongoing challenges and a summary of the successes. Results will be analyzed and aggregated in a RHP 4-wide report and will be reviewed and discussed at each semi-annual meeting. Learning tools, new ideas, and suggestions will also be posted on the RHP 4 Learning Collaborative website, with regular, periodic messages to Providers to ensure they continue to review the learning comments and provide feedback via the website between meetings.

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Face-to-Face meetings will be required at least semi-annually for all Providers as part of the CQI process. At each meeting, providers will discuss their activities, provide suggestions for simple initiatives that all Providers can implement, and establish goals for the next reporting period. As needed, topical experts will be invited to share their experience and provide recommendations for future improvements. Each meeting will provide an opportunity for all Providers to participate in an interactive discussion to benefit from the experience of their peers.

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6. Describe the learning system design (how to share information and data, including Category 3 outcome data).

The RHP 4 Learning Collaborative will use multiple strategies for sharing information within and across Improvement Strategy teams. At each Learning Collaborative meeting, every Performing Provider will be required to provide a written summary and oral presentation providing an update on their DSRIP Plan project activities, accomplishments, challenges and successes. Relevant data, including Category 3 outcome data, will be among the reporting elements included in the written report. Members of the Collaborative will have an opportunity to ask questions, discuss best practices and strategies for success that may be replicated by other organizations.

Performing Provider members will be responsible for working with their teams to develop formats and reporting requirements for Collaborative outcome reporting. Reports will be available to all participants via the RHP 4 Learning Collaborative website maintained by the Anchor. Category 3 outcome data reporting will be among the criteria members will address in the reporting requirements.

To ensure the Learning Collaborative process is as productive as possible and continues to meet the needs of the Providers, each Collaborative meeting will include a post-meeting assessment. All participating Providers will complete a survey to assess the effectiveness and value of the Collaborative meeting, submit ideas for future meeting presentations and topics of discussion, identify additional information needs or data requests, and submit other recommendations for improving the Collaborative process. This information will be used for future meeting planning, and to modify and enhance the Collaborative website to ensure it remains a useful and well-used resource for all Providers.

Key learning concepts and findings will also be identified and supported through collaborative presentations and discussions. Examples of potential key concepts may include developing a successful teamwork approach, effective use of health information technology, and effective patient-provider communication. Expert presenters will be scheduled to discuss specific learning concepts and strategies as needed and requested by Providers.

At the conclusion of each meeting, Performing Providers will identify key elements of success and findings for inclusion in the meeting summary. Summary information and all learning materials will be posted on the RHP 4 Learning Collaborative website for access by all members.