RHP3 2017 LEARNING COLLABORATIVE
EXECUTIVE SUMMARY
MARCH 7TH 2017

RHP 3's annual Learning Collaborative took place February 7, 2017 at the University of Houston Hilton. The RHP 3 Learning Collaborative hosted many of the Region's providers. Approximately 282 individuals attended the event. The one day event included speakers from Texas HHSC, panel discussions on legislative updates and social determinants of health, and dialogues on the DY6 Learning Collaborative Plan Roll Out, the updated Community Need's Assessment and the future of the 1115 Waiver. The Collaborative allows the Region's providers to come together, learn from each other, and gather new ideas. Best practices, new innovations, legislative updates, and lessons learned were all discussed at the Collaborative to improve current projects and ultimately the health of the Region.

EVENT SUMMARY:

The Learning Collaborative began with an introduction from Amanda Callaway, Associate Administrator of Mission Advancement at Harris Health System. She welcomed the large group of providers and non-providers to the region's 8th Learning Collaborative and introduced Alan Vierling, the Executive Vice President and Administrator of LBJ Hospital at Harris Health System. Mr. Vierling presented on the substantial importance of leadership in today's age of exponential technological advancements and growing chaos in the everyday environment. He encouraged the leaders in the room remain resolute and focused on their goals through honesty, clarity of vision, a focus on what can be controlled, and constant communication.

Mr. Vierling's presentation was followed by a legislative update and moderated panel. The legislative update was given by Chris Traylor, former State Medicaid Directors at HHSC. Mr. Traylor was also in the panel with moderator Nicole Lievsay (former Director of RHP3 Anchor Team at Harris Health System), John Hawkins (Senior Vice President of Government Relations at the Texas Hospital Association), and Lee Johnson (Deputy Director of Texas Council of Community Centers). The group discussed DSRIP extension and sustainability of projects in the coming years. Other topics discussed were the federal government's vision coming from the new administration, block grants, and legislative priorities for the coming session.

A social determinants of health panel followed the legislative panel session and included presenters from MD Anderson, Memorial Hermann, and Fort Bend County, with a moderator from Harris County Public Health. The panel discussed how their organizations were creating healthy communities by focusing on prevention and the social determinants of health. MD Anderson discussed its BUILD Health Challenge which uses community care settings to amplify prevention and early detection efforts for cancers. MD Anderson finds that more than 50% of cancers can be prevented through interventions in health behaviors and clinical care (access to care). They have built intervention teams in these areas. Teams include production (public source for accessible healthy foods), distribution (how to supply and distribute food), and consumption (access food and make health food choices). Partners include non-profits, foundations, hospitals, public health entities, and other community organizations. In the same

vein, Memorial Hermann's program focuses on food insecurity. Memorial Hermann's program has several intervention locations to screen for food insecurity. Program members ask USDA approved questions as a screening tool. If individuals meet certain criteria, screeners help navigate individuals through various resources available in the community and subsequently follow up with them. The program centers on individuals at risk or with food insecurity so that overall health can improve. Dr. Connie Almeida from Fort Bend County was the last panel speaker and discussed the social determinants on unmet needs in Fort Bend County.

The poster session that followed featured multiple posters from Performing Providers, including Baylor College of Medicine, Harris Health, Methodist Hospital, St. Luke's, MD Anderson, UT Health, Texas Children's Hospital, and Fort Bend County. Under the theme of "Breaking Silos" providers' posters showed how they collaborated outside their project or organization to enable success in their project and improve patient care. Attendees were able to browse the posters, ask questions, and network with each other.

The DY6 Learning Collaborative Plan roll out was shared with the participants of the Learning Collaborative. This year's plan sustainability planning, forming strategic partnerships, planning for regional quality, as well as continuing the work of the Behavioral Health Cohort and Data Advisory Group. . This session was interactive and used polling software to survey the audience with some key information for the workgroups to focus on. More detail on results is below.

Ardas Khalsa, Deputy Medicaid CHIP Director of HHSC, introduced the draft DY7 & 8 proposal. The DSRIP program for DY7 and 8 will involve reporting of common measure bundles rather than project-level metrics in an effort to move the program model toward sustainability in the event the waiver ends. Ms. Khalsa highlighted details of the plan and answered questions. A DY7 & 8 PFM survey was created by HHSC to gain feedback from providers and was due at the end of February.

The last event on the agenda was "Regional Innovation: Thinking Outside the DSRIP Project Box." Three presenters from different organizations shared their innovative programs. Dr. David Buck, President of Patient Care Intervention Center (PCIC) conveyed what his organization does to improve the health and well-being for patients with complex health and social challenges. PCIC combines data from multiple stakeholders to identify and track frequent healthcare and social service users. PCIC then enrolls individuals in intensive care management. The program has been shown to decrease cost and reduce readmissions.

Eric Halvorsen of the TMC Innovation Institute explained the innovative programs to incubate healthcare startups and provide software solutions to TMC providers. The presentation gave providers a view of healthcare innovation outside of the DSRIP bubble but in their own backyard.

Harris County Public Health's (HCPH) Will Hudson was the last presenter in the regional innovation session and he tied innovation to DSRIP sustainability. Mr. Hudson spoke about how each HCPH DSRIP project initially worked in a silo, resulting in an inefficient use of financial and human resources. He aggregated the DSRIP workforce into one space and revised his organization's built environment to encourage collaboration. Better collaboration resulted in substantial savings which he used to create

HCPH's Public Health Innovations Lab. Through an RFP process, the lab selects innovative HCPH projects to fund using DSRIP savings.
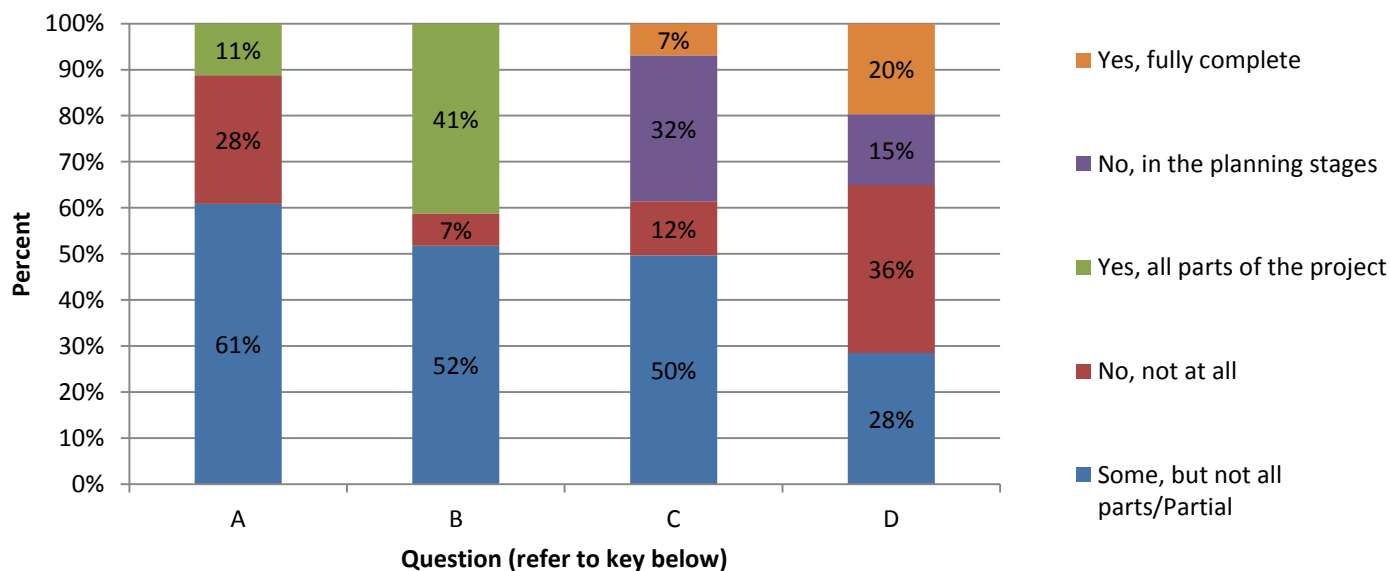
CHANGES FROM LAST YEAR

After last year's Learning Collaborative, a survey was shared with participants to establish feedback for the event. The Anchor used the feedback to plan the February 7, 2017 event. Below are some of the direct changes made using last year's responses.

- The 2017 Learning Collaborative was shortened to one day instead of two. This comes after several comments that the two day event was too long and several presentations detailed the same concepts.
- Lunch offered a break time and networking opportunities for participants. No speaker was scheduled during the time—a large complaint of the 2016 Learning Collaborative—and lunch buffet offered a variety of choices to accommodate attendees' dietary restrictions.
- More panel sessions were included to make the event more engaging. This year included a greater variety of topics from the previous year within the two panel discussions and one themed speaker session.

SURVEY RESULTS:

The following are results from the live-polling activity facilitated during the DY6 Learning Collaborative Plan Roll Out session. The goal was to determine provider progress in creating sustainable projects. The results will help the Sustainability and Strategic Planning Workgroups plan, create objectives, and prioritize activities for the Region. There were 145 individuals who participated in the survey activity representing 51% of those that attended. There is great interest in keeping parts of projects (if not entire projects) regardless of DSRIP funding although funding appears to be a barrier in maintaining sustainability. Results are discussed in detail below.

Chart 1. Provider Questions and Answers

	Question	n
A	If DSRIP funding goes away, have you identified sources to sustain relevant parts of your project other than through DSRIP dollars?	143
B	Do you plan to continue your project regardless of the outcome of DSRIP?	143
C	Have you conducted or are you in the process of conducting a program evaluation for your project?	145
D	Has your organization established a data sharing agreement with the purpose of coordinating client care?	137

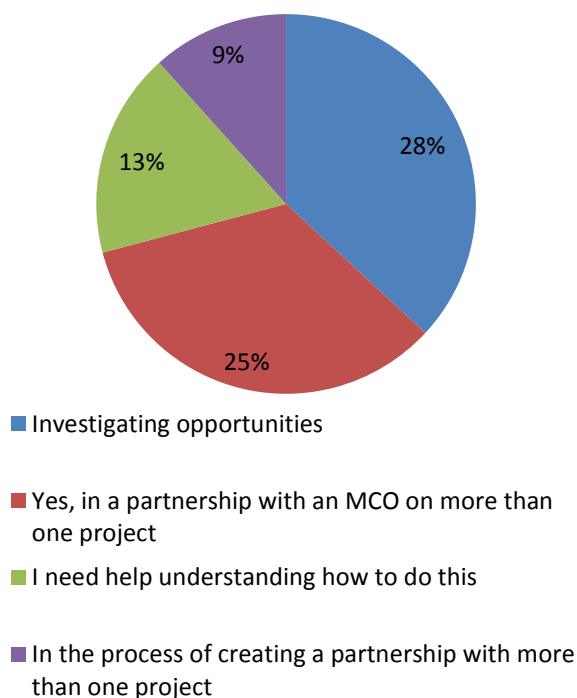## Chart 2. MCO Partnership Status for Projects (n=138)

- Investigating opportunities — 28%
- Yes, in a partnership with an MCO on more than one project — 25%
- I need help understanding how to do this — 13%
- In the process of creating a partnership with more than one project — 9%

Chart 3. Areas That Regional Sustainability Committee Can Assist (n=497)

- Funding Stability — 20%
- Partnerships — 15%
- Program Evaluation — 14%
- Strategic Planning — 14%
- Logic Models — 8%
- Program Adaptation — 7%
- Communications — 7%
- Organizational Capacity — 7%
- Environmental Support — 6%

The results of the survey flesh out the barriers providers are facing and will help outline the next steps of the Sustainability and Strategic Partnerships Workgroups. The workgroups' goals are to assist providers in sustainability planning efforts and facilitate strategic partnerships to maintain funding sustainability. From the survey it is apparent that many of the providers see value in continuing their DSRIP projects with or without DSRIP funds. 93% of respondents (Chart 1.) plan to continue some parts of their projects regardless of DSRIP funds. At the same time, only 11% (Chart 1.) have secured funding sources for all parts of their projects. Though not the only aspect, funding is a key part of maintaining sustainability. With only 11% of respondents securing full funding sources and 93% of respondents wanting to continue projects, the workgroups have a vital role in discovering and educating the Region's providers on alternative payment models. In addition the 21-month extension will place continued

emphasis on project sustainability so securing outside funding is imperative (although HHSC may continue to forbid grant funding for DSRIP funded projects).

The Sustainability Workgroup was formed to assist providers in assessing their current state of sustainability through the Washington University in St. Louis's Program Sustainability Assessment Tool. With 7% of respondents stating that they have completed a program evaluation and 32% saying they are in the planning stages (Chart 1), there is opportunity for the Workgroup to educate providers on the sustainability tool. The tool is an efficient way to support providers in creating sustainability plans and show their current status. The group was also surveyed on areas with which the Sustainability Workgroup can assist. Result show that most individuals are interested in assistance with funding stability (20%), partnerships (15%), program evaluation (14%), and strategic planning (14%) (Chart 3). These results will help the workgroup prioritize and plan workshops for the region.

The Strategic Partnership Workgroup's aim is to facilitate alignment for funding stability. From the survey, 20% of respondents have fully completed data sharing agreements with partners, 28% have data sharing agreements for some parts of the project, while 36% of respondents have nothing in place or plans to do so (Chart 1). Creating data sharing agreements is an integral part of producing strategic partnerships. Strategic partnerships can help with funding stability when created with the right organizations, including MCOs. Survey results indicate that many providers have looked into partnerships with MCOs: 28% of respondents are investigating opportunities when it comes to MCO partnership while 25% are already in a partnership with one or more project (Chart 2). The region's expertise with MCOs is varied and the Strategic Partnership Workgroup will be an asset for the region in assisting, educating, and facilitating funding partnerships.

CONTINUOUS QUALITY IMPROVEMENT IN HOSTING LEARNING COLLABORATIVE EVENTS

The Region 3 Anchor team discussed the event, team members' perceptions of it, and feedback from attendees to create improvement ideas for the next event. Recommendations are below:

Prior to the event:
- Perform technology and software tests early
- Provide earlier notice to speakers of presentation submission deadline
- Do a team and volunteer event run-through and provide task assignments to each person by the hour
- Train volunteers prior to event about parking tag rules and other details
- Note that 60-80 pre-registered people did not show up, while 60-80 registered on-site
- Plan out required data fields for attendance certificates

At the event:
- Continue to use Check-In Easy via tablets
- Only one lap top is needed for the registration desk (for on-site)
- At on-site check-in collect all data fields required for attendance certificates
- Have people stuff their own name tags. Avoid organizing the magnetized name badges because the magnets make them unwieldy

- Tell attendees that exiting Welcome Center Parking requires both the in-ticket and the validated ticket
- Continue with the hot buffet
- Continue with lunch without a contemporaneous presentation
- Instead of a sweet afternoon snack, provide a salty afternoon snack. Give more time between the lunch and the snack
- Consider adding pitchers of water on all tables
- Requests for verbal feedback/brainstorming must be closely facilitated and in smaller groups to get full participation
- Continue to use Poll Everywhere, which was a success and generated substantial audience involvement

CONCLUSION

Overall, the event was a success and provided attendees with an overview of DSRIP plans in the coming years, an opportunity to network and collaborate, and education on the innovative public and clinical health efforts of RHP3. Feedback from last year's Learning Collaborative was incorporated in this year's event, and feedback from this event created recommendations to improve future events.