RHP4 Learning Collaborative –
Improve Patient Engagement and Responsibility Workgroup

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Meeting Overview

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

• All RHPs must select one or more region-wide “raise the floor” initiatives in which all providers must participate

• All Providers must also participate in at least one Learning Collaborative Targeted Improvement Team (work group) project
  – Improve Access to Care
  – Improve patient engagement and responsibility through health education and care coordination activities
Raise the Floor Initiative

• All Providers were instructed to complete Raise the Floor preference form

• Top 2 options selected:
  – Increase use of social media to communicate health information to patients/clients
  – Organize and host community wide/regional health fair to promote DSRIP improvement activities

• Social Media option – June 2014 – June 2015

• Health Fair option – July 2015 – Sept 2016
Learning Collaborative Workgroup Selections

• All Providers were instructed to select workgroup improvement measure for:
  – Improve patient engagement and responsibility
  – Improve access to care

• Also received selections from 3 RHP5 providers who are participating in Learning Collaborative activities
Provider Selections

• **Implement health promotion program**
  – Corpus Christi-Nueces County Health Department
  – MHMR of Nueces County
  – CHRISTUS Spohn Hospital – Alice, Beeville, Corpus Christi, Kleberg

• **Engage patients in strategies to reduce preterm births**
  – Driscoll Children’s Hospital

• **Provide health education and training for patients with diabetes (or other condition)**
  – Coastal Plains Community Center
Provider Selections, cont.

• Improve patient navigation to enable patients to participate more actively in their health care
  • Camino Real Community Services
  • Bluebonnet Trails Community Services
• Reduce appointment no-show rate
  • Coastal Plains Community Center
• Reduce number of unnecessary ER visits
  • Jackson County Hospital District
RHP 5 Provider Selections

• Implement health promotion program
  – University of Texas Health Science Center – San Antonio
  – University of Texas Health Science Center Houston School of Public Health

• Improve patient navigation to enable patients to participate more actively in their health care
  – Tropical Texas Behavioral Health
Workgroup Requirements

• Participation by all Providers is mandatory
  – Must participate in at least one workgroup
  – May change workgroup selection

• Providers establish own goals; work towards individual improvements based on where they are

• Providers will work together to provide technical assistance, identify opportunities for improvement, and share challenges and successes

• Quarterly reporting required to demonstrate progress towards meeting individual goal/s
Improving Patient Engagement: Resources and Learning Materials

• Every provider engaged in unique projects
• Numerous resources available for specific projects as well as more general tools and information applicable to any provider
• Workgroup learning collaborative sessions will focus on specific initiatives as well as broader goals and objectives for the entire region
Diabetes Notebook Project


Diabetes Planned Visit Notebook

• Diabetes planned visits let patients become active participants in managing their diabetes. Patients set goals with their providers on what actions they will take to improve their health and manage their condition.
• Ultimately, it is important to control blood pressure, blood glucose and lipids, but the patient is in control of all daily decisions and actions required to reach these goals.
• Success in managing diabetes requires patients to take control of the illness, set meaningful self-management goals, and become competent in diabetes management.
• Traditional education, handouts, and cajoling do not promote patient competence. The greatest success has occurred when patients are encouraged to set the agenda of the visit and coached in setting attainable and meaningful self-management goals. Thus, the essential components of a planned visit for clinicians are to address the concerns of the patient and then to partner with the patient to create a self-management goal.
CMS Patient and Family Engagement

- Extensive list of resources and information compiled by CMS for patients and providers, including fact sheets that can be adapted for your own use, or replicated and distributed to patients
  - Some links to publications by CAPS are outdated. For those publications, go to Consumers Advancing Patient Safety
    - [http://www.consumersadvancingpatientsafety.org/caps/](http://www.consumersadvancingpatientsafety.org/caps/)
Engaging Patients in Improving Ambulatory Care

• http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2013/rwjf404402

“A small but growing number of medical practices and other health care organizations are harnessing patient involvement as a powerful force for improving care. Patients have a unique perspective of practice function and care delivery. Involving patients in efforts to improve quality can help address challenges from practice inefficiencies to barriers to adherence. Practices that have embraced the approach of integrating patients into quality improvement efforts report undergoing a culture change—one that puts the patient at the center of care, and improves the experiences of patients and providers alike.

In this compendium of resources, you’ll find a variety of tools that health care organizations in three communities have used in their efforts to engage patients. These tools can help you recruit, orient, and train patients; clarify roles and responsibilities; and put a structure in place to foster ongoing, productive relationships.”
Tool Kit Contents

• Project is part of Robert Wood Johnson (RWJ) Foundation’s “Aligning Forces for Quality” project,
• Toolkit focuses on activities in Maine, Oregon, and California
• Includes detailed documents on strategies used, including actual materials, timelines, outreach and education information
• Video: https://www.youtube.com/watch?v=KWcXsgb4tec&feature=youtu.be
RHP Tracking and Reporting Goals and Activities

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

Workgroup Template requirements:

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

• Providers will be required to submit quarterly reporting templates for 1) Raise the Floor Initiative and 2) Workgroup Improvement initiatives.

• First reports will be due at September collaborative meeting.

• At June 26 collaborative meeting, providers will complete a brief project-update template; template form will be provided by June 13th. Completed templates due June 20th.
Discussion and Next Steps

Recommendations for future workgroup meetings:

– Topics of discussion
– Presentations by providers
– Other suggestions?
Coming Up!

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

**Participation is Mandatory for all RHP 4 Providers!**
Questions and Contact Info

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