Section II. Executive Overview of RHP Plan

A. RHP Goals and Vision

The Texas Healthcare Transformation and Quality Improvement Program (Demonstration) is designed to encourage "activities that support hospitals' collaborative efforts to improve access to care and the health of the patients and families they serve."[1] Consistent with that goal, the overarching goal and vision of the Northeast Texas Regional Healthcare Partnership (RHP 1) is to move toward a realization of the triple aim[2]:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations; and
- Reducing the per capita cost of health care.

In addition, addressing gaps in access to care (both physical and behavioral health services) is a key focus of the regional healthcare partnership.

B. Summary of Existing Healthcare Environment

Geographically, the Northeast Texas Regional Healthcare Partnership (RHP 1) spans 28 counties and borders three states. At 21,000 square miles, Region 1 is larger than nine states and the District of Columbia and is nearly 250 miles from point-to-point. Over 1.2 million people live in Northeast Texas, but there is no city with a population greater than 100,000. Approximately 54% of the regional population is either uninsured or enrolled in some form of publicly funded health coverage.

Northeast Texas is an area where patients face many challenges in accessing primary care, acute care, and mental and behavioral health services. Key health challenges include high numbers of medically underserved areas/populations, health professional shortages in primary care and mental health, lack of sufficient specialists to serve the patient population, high chronic disease burden, and high rates of potentially preventable hospitalization. Taken as a whole, Northeast Texas is older, poorer, and less well educated than the state average. As a result, over half of counties in Region 1 are in the bottom quartile of Texas counties in health outcomes.

[1] Centers for Medicare and Medicaid Services: Texas Healthcare Transformation and Quality Improvement Program Standard Terms and Conditions. Washington, DC. U.S. Department of Health & Human Services (December 2011).

[2] Institute for Healthcare Improvement. (2012, October). *The IHI Triple Aim.* Retrieved October 2012 from Institute for Healthcare Improvement: http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx

Six major community needs are identified in the regional health plan:

- CN.1: Insufficient access to primary and specialty care services
- CN.2: Insufficient access to mental and behavioral health services
- CN.3: High rates of chronic disease, including diabetes, heart disease, asthma, obesity, and cancer.
- CN.4: High costs due to potentially preventable hospitalizations.
- CN.5: Inappropriate emergency room utilization.
- CN.6: Efficiency in and effectiveness of health care delivery.

C. Realizing the Vision

Addressing these community needs is a priority for the region. As a result, the delivery system reform projects developed by the regional healthcare partnership show an integration of individual community needs, with many projects addressing multiple community needs. The clear focus of the region is on expanding access to care – both physical and mental/behavioral health care services.

The table below shows a summary of projects that, together, realize the regional vision:

Summary of Categories 1-2 Projects

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
Category 1: Infrastructure Development			
017624002.1.1 Expand Existing Primary Care Capacity (ETMC Quitman 017624002)	Increase access to healthcare by recruiting 2 primary care providers and adding needed support staff.	017624002.3.200 IT-2.21 Ambulatory Care Sensitive Conditions Admissions Rate	$2,561,824
020812601.1.1 Expand Specialty Care Capacity (ETMC Tyler 020812601)	Increase access to specialty healthcare by recruiting a full-time endocrinologist to establish a specialty clinic location and improve access to diabetes management.	020812601.3.1 IT-1.10 Diabetes Care: HbA1c Poor Control (>9.0%)	$4,730,630
020812601.1.2 Expand Specialty Care Capacity (ETMC Tyler 020812601)	Increase access to specialty healthcare by establishing cardiology clinics in 5 new, underserved areas.	020812601.3.200 IT-3.3 CHF 30-Day Readmission Rate	$7,735,062
084434201.1.1 Expand Telehealth Services (Texoma Community Center 084434201)	The project seeks to develop, enhance and promote telemedicine and telehealth protocols and practices to improve access to care and expand the overall population served.	084434201.3.1 IT-10.1.a.iv Quality of Life	$220,898

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
084434201.1.2 Develop Substance Abuse Services (Texoma Community Center 084434201)	The project seeks to develop and implement comprehensive outpatient substance abuse program to expand access to care within the community and reduce unnecessary hospitalizations.	084434201.3.2 IT-10.1.a.iv Quality of Life	$200,437
084434201.1.3 Enhance Service Availability (Texoma Community Center 084434201)	The project seeks to develop and enhance counseling services within the community and expand access to unfunded and underserved individuals	084434201.3.3 IT-10.1.a.iv Quality of Life	$287,378
084434201.1.4 Expand Quality Improvement Capacity (Texoma Community Center 084434201)	The project seeks to implement process improvement methodologies to enhance safety, quality and efficiency in overall healthcare service provision while maintaining excellent quality of care standards	084434201.3.4 IT-1.18 Follow-Up After Hospitalization for Mental Illness	$100,746
094108002.1.1 Expand Primary Care Capacity (Mother Frances Hospital 094108002)	Access to primary care providers will be addressed by recruiting and establishing a minimum of 7 new practices. They will be in rural and urban setting and will expand existing clinics and hours. Targeted populations are Medicaid, Medicare, and uninsured but all payers will have access. Patient visits will be counted.	094108002.3.1 IT-12.1 Breast Cancer Screening 094108002.3.7 IT-12.3 Colorectal Cancer Screening 094108002.3.8 IT-12.4 Pneumonia Vaccination Status for Older Adults	$14,378,386
094108002.1.2 Expand Specialty Care Capacity (Mother Frances Hospital 094108002)	Expansion of specialty will result in a minimum of 7 new providers serving the urban and rural areas for special clinics. They will also provide services for the ER, as appropriate, inpatient needs, and outpatient services. Patient visits will be counted as well as implementing a referral management system.	094108002.3.2 IT-3.1 All cause 30 day readmission rate- NQF 1789	$21,460,795
094108002.1.3 Introduce, Expand, or Enhance Telemedicine/ Telehealth (Mother Frances Hospital 094108002)	The goal of this project is to expand and enhance the capacity of providers in the region to manage complex pediatric patients locally through timely access to pediatric subspecialists and specialists via telemedicine.	094108002.3.4 IT-8.3 Early Elective Delivery	$4,428,865
094127002.1.1 Expand Primary Care Capacity (ETMC Carthage 094127002)	Increase access to healthcare through extended clinic hours on nights and weekends, recruiting a family practice physician and a physician assistant, and adding support staff.	094127002.3.200 IT-2.21 Ambulatory Care Sensitive Conditions Admission Rate	$1,845,084
094190802.1.1 Expand Primary Care Capacity (ETMC Fairfield 094190802)	Increase access to healthcare through extended clinic hours on nights and weekends and adding needed physician and support hours.	094190802.3.200 IT-2.121 Ambulatory Care Sensitive Conditions Admission Rate	$547,986
121817401.1.1 Expand Primary Care Capacity (ETMC Trinity 121817401)	Increase access to healthcare through extended clinic hours on nights and weekends, recruiting a family practice physician, and adding needed support staff.	121817401.3.200 IT-2.21 Ambulatory Care Sensitive Conditions Admission Rate	$2,047,521

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
121988304.1.1 Depression/Trauma Counseling Centers (Lakes Regional MHMR Center 12988304)	Expand number of community based settings where behavioral health services may be delivered in underserved areas: (Lakes Regional Depression / Trauma Counseling Centers)	121988308.3.1 IT-10.1 .b.iii RAND Short Form 36 (1) SF-36 Health Survey	$4,909,689
127278302.1.1 Increase, Expand and Enhance Oral Health Preventive Services (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Collaboration between University Physician Associates and Tyler Junior College to enhance dental preventive services and train dental hygiene students	127278302.3.1 – IT-7.8 Chronic Disease Patients Accessing Dental Services	$6,393,594
127278302.1.9 Pass 3b (127278302.1.2) Improve Access to Specialty Care for UPA (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Expand selective specialty care services for referral from the PCMH to include podiatry, neurology/pain, ophthalmology, infectious diseases, dermatology, rheumatology and endocrinology	127278302.3.32 Pass 3b (127278302.3.2) –IT-1.12 Diabetes care: Retinal eye exam 127278302.3.33 Pass 3b (127278302.3.3) –IT-1.13 Diabetes care: Foot exam 127278302.3.4 Pass 3b (127278302.3.4) –IT-1.14 Diabetes care: Microalbumin/Neuropathy	$11,445,560
127278302.1.10 Pass 3b (127278302.1.3) Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health Services in Northeast Texas (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Collaboration between University Physician Associates, Good Shepherd Medical Center and Palestine Regional Medical Center to increase access to integrated primary and behavioral health care services along with specialty consultation by psychiatry	127278302.3.35 Pass 3b (127278302.3.5) – IT-11.26.e.ii Patient Health Questionnaire 15 (PHQ-15)	$4,322,489
127278302.1.4 Increase Training of Primary Care Workforce: Capacity Building Through Workforce Development: Training Community Health Workers (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Establish CHW certification programs with specialty tracks for chronic disease self-management, behavioral health, and tele-health facilitation.	127278302.3.6 –IT-1.11 Diabetes Care: BP control (<140/90mm Hg)	$5,113,293

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
127278302.1.11 Pass 3b (127278302.1.5) Expand Primary Care Capacity (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	With Christus St. Michael Health System, increase primary care capacity by increasing the number of primary care clinic appointments available to the low-income members of the community and in doing so, creating more access.	127278302.3.36 Pass 3b (127278302.3.7) IT-9.2 Reduce ED visits for ACSC	$6,447,737
127278302.1.12 Pass 3b (127278302.1.6) Expand Dental Services (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	With Christus St. Michael Health System, expand services to five groups that are underserved with regard to dental health problems serving as the foundation that will allow a more appropriate setting for expanded dental health service for the identified 'at-risk' population.	127278302.3.37 Pass 3b (127278302.3.8) – IT-9.4.i Reduce ED visits for Dental Conditions	$6,116,386
127278302.1.13 Pass 3b (127278302.1.7) Crisis Stabilization Unit (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Palestine Regional Medical Center will partner with UPA to establish a crisis stabilization unit for behavioral health care	127278302.3.38 Pass 3b (127278302.3.9) – IT-9.4.e Reduce ED visits for Behavioral Health/Substance Abuse	$$3,523,525
127278302.1.8 Expand Primary Care - North Tyler Clinic (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Increase access to a poor, largely minority, underserved area of Smith County by establishing an open access clinic within the community to provide basis care services and a referral channel to patient centered medical homes and specialty providers.	127278302.3.28 – IT-1.7 Controlling high blood pressure	$10,599,373
130612806.1.1 Expand Primary Care Capacity (ETMC Jacksonville 130612806)	increase access to healthcare through extended clinic hours on nights and weekends, recruiting an internist and two pediatricians, and adding needed support staff.	130612806.3.200 IT-2.21 Ambulatory Care Sensitive Conditions Admission Rate	$2,738,159
131037704.1.1 Expand Primary Care Capacity (Hopkins County Memorial Hospital 131037704)	Expand primary care capacity by hiring two primary care providers to practice in our established primary care clinic.	131037704.3.1 IT-6.1.b.i CG-CAHPS 12 month: Timeliness of Appointments, Care, & Information	$3,374,151
131037704.1.2 Expand Primary Care Capacity (Hopkins County Memorial Hospital 131037704)	Purchase clinic space and hire additional primary care provider and staff to expand access to primary care	131037704.3.3 IT-9.10.c Median time from ED arrival to time of departure from the ER for patients admitted to the facility from the ED 131037704.3.200 IT-9.6 ED visits where patients left without being seen	$866,003

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
		131037704.3.201 IT-9.10.a Median time from ED arrival to ED departure for discharged ED patients	
131038504.1.1 Expand Primary Care Capacity (Hunt Regional Medical Center Greenville, 131038504)	Partner with Community Health Service Agency (FQHC) to increase primary care providers, clinic hours, availability of urgent visits and add a clinic in Southern Hunt County.	131038504.3.200 IT-12.2 Cervical Cancer Screening 131038504.3.201 IT-12.3 Colorectal Cancer Screening 131038504.3.202 IT-1.1 Third next available appointment	$7,192,976
131038504.1.2 Introduce, Expand or Enhance Telehealth (Hunt Regional Medical Center Greenville, 131038504)	This project will implement telehealth to provide remote patient monitoring and outpatient disease management to congestive heart failure patients in the home setting.	131038504.3.203 IT-3.3 Risk Adjusted Congestive Heart Failure 30 day Readmission Rate	$2,225,733
131038504.1.3 Enhance Performance Improvement and Reporting Capacity (Hunt Regional Medical Center Greenville, 131038504)	Hunt Regional Medical Center will implement a project to enhance performance improvement and reporting capacity through people, processes and technology. We will hire two additional quality analysts to collect, analyze and perform performance improvement, purchase and install a data repository and interface to collect real-time data, develop a quality dashboard to measure improvement and select quality indicators including potentially preventable complications for rapid improvement.	131038504.3.5 IT-4.5 Patient Fall Rate 131038504.3.500 IT-4.19 Falls: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	$1,769,203
136367307.1.1 Enhance Service Availability of Appropriate Levels of Behavioral Health Care (Burke Center 136367307)	This project will expand the capacity of the Burke Center to serve more children and adults with mental illness. We will provide outpatient psychiatric care, therapy, medication services and patient education as needed.	136367307.3.1 IT-11.5 Adherence to Antipsychotic Medications for Individuals with Schizophrenia 136367307.3.500 IT-1.1 Third next available appointment	$1,419,117
137921608.1.1 Development of behavioral health crisis stabilization services as alternatives to hospitalization (Community Healthcore 137921608)	Evidence based crisis intervention/stabilization and detox center for behavioral health with early intervention and intensive wrap around services in the **Northern** portion of Region 1.	137921608.3.1 IT-1.18 Follow-up After Hospitalization for Mental Illness	$14,009,163

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
137921608.1.4 Pass 3B 137921608.1.2 Development of behavioral health crisis stabilization services as alternatives to hospitalization (Community Healthcore 137921608)	Evidence based crisis intervention/stabilization and detox center for behavioral health with early intervention and intensive wrap around services in the **Southern** portion of Region 1.	137921608.3.6 Pass 3B 137921608.3.2 IT-1.18 Follow-up After Hospitalization for Mental Illness	$13,038,777
137921608.1.3 Improve access to specialty care (Community Healthcore 137921608)	Community Healthcore will operate an ambulatory detoxification clinic in a non-residential setting co-located with the University of Texas Health Science Center-Tyler primary care clinic. The program will provide a safe withdrawal from the drug(s) of dependence and enable the individual to become drug free through a medical model program.	137921608.3.3 IT-11.8 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	$3,134,408
138374715.1.1 Expand Specialty Care Capacity ETMC Pittsburg 138374715)	Increase access to specialty healthcare by recruiting a full-time general surgeon and orthopedic surgeon to establish specialty clinics.	138374715.3.1 IT-4.4 Surgical Site Infection (SSI) Rates	$5,360,601
751281410.1.1 Crisis Intervention (Andrews Center 138365512)	Development of behavioral health crisis stabilization center as alternative to hospitalization	751281410.3.200 IT-11.26.e.iv Patient Health Questionnaire 4 (PHQ-4)	$3,832,402
138913209.1.1 Expand Primary Care Capacity (Titus Regional Medical Center 138913209)	Establish more primary care clinics. TRMC plans to build a new Family Care Center in an underserved location of the city.	138913209.3.1 IT-1.7 Controlling High Blood Pressure	$5,067,370
138913209.1.3 (Pass 3B) Expand high impact specialty care capacity in most impacted medical specialties (Titus Regional Medical Center 138913209)	Increases the capacity of specialty healthcare in Northeast Texas through TRMC achieving the Texas certification as a Level II Primary Stroke Center and the recruitment of a full time neurologist to establish a specialty clinic location.	138913209.3.6 IT-3.13 Risk Adjusted Stroke (CVA) 30-day Readmission Rate 138913209.3.204 IT-4.17 Stroke-Thrombolytic Therapy	$3,783,181
139173209.1.1 Expand Primary Care Capacity (ETMC Athens 139173209)	Increase access to healthcare through establishing a new primary care clinic on the ETMC Athens campus.	139173209.3.200 IT-2.21 Ambulatory Care Sensitive Conditions Admission Rate	$3,820,129
139173209.1.2 Expand Primary Care Capacity (ETMC Athens 139173209)	Increase access to healthcare through recruiting 4 primary care providers and adding needed support staff.	139173209.3.201 IT-2.21 Ambulatory Care Sensitive Conditions Admission Rate	$7,993,079

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
140425362.1.1 Expand Existing Primary Care Capacity (Paris-Lamar County Health Department 1404253)	The goal of this project is to expand the capacity of preventive and primary care services to better accommodate the needs of the patient population and community so that patients can receive the right care at the right time in the right setting.	140425362.3.1 IT-1.7 Controlling High Blood Pressure	$1,500,000
177870603.1.2 Expand existing primary care capacity (Red River Regional Hospital 177870603)	Expand primary care capacity through extended clinic hours, recruiting a family practice physician and a physician assistant, and adding needed support staff	177870603.3.202 IT-2.21 Ambulatory Care Sensitive Conditions Admissions Rate	$2,709,771
208843701.1.1 Expand Primary Care Capacity (ETMC Henderson 208843701)	Increase access to healthcare through extended clinic hours on nights and weekends and adding needed physician and support hours.	208843701.3.200 IT-2.21 Ambulatory Care Sensitive Conditions Admission Rate	$668,413
208843701.1.2 Expand Specialty Care Capacity (ETMC Henderson 208843701)	Increase access to specialty healthcare through recruiting a full-time general surgeon to establish a specialty clinic location.	208843701.3.2 IT-4.4 Surgical Site Infection (SSI) Rates	$2,535,289
Category 2: Program Innovation and Redesign			
020812601.2.3 Redesign to Improve Patient Experience (ETMC Tyler 020812601)	Implement processes to measure and improve patient experience.	020812601.3.203 IT-6.1.a.ix HCAHPS Overall Hospital Rating	$3,592,348
084434201.2.1 Combine Primary and Behavioral Healthcare (Texoma Community Center 084434201)	The project seeks to combine primary and behavioral health care for over-utilizers of local health care resources and those within the community who are underserved or poorly served.	084434201.3.5 IT-10.1.a.iv Assessment of Quality of Life (AQoL-8D)	$270,771
084434201.2.2 Expand Community Based Interventions for Targeted Behavioral Health Population (Texoma Community Center 084434201)	The project will provide specialized services to complex behavioral health populations, with severe mental illnesses and/or a combination of behavioral and physical health issues in order to avert potentially avoidable inpatient admissions and readmissions to a more restrictive and expensive setting such as acute and/or psychiatric hospitals or the criminal justice system	084434201.3.6 IT-1.18 Follow-Up After Hospitalization for Mental Illness	$100,199
094095902.2.1 – Establish/Expand a Patient Care Navigation Program (Good Shepherd Medical Center Longview 094095902)	Good Shepherd Medical Center (GSMC) will identify frequent ED users and use navigators as part of a preventable ED reduction program collaborating with Community Healthcore lead agency for the East Texas Aging Disability Resource Center and through the network will liaison with other community resources to address non-medical needs.	094095902.3.1 IT-9.4.e Reduce ED Visits for Behavioral Health/Substance Abuse	$2,728,939

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
094108002.2.1 Redesign for Cost Containment (Mother Frances Hospital 094108002)	A new cost accounting system will be implemented as part of a clinic transformation process.	094108002.3.9 IT-1.7 Controlling High Blood Pressure	$11,946,392
094108002.2.2 Establish/Expand A Patient Care Navigation Program (Mother Frances Hospital 094108002)	This project will implement a patient navigator dedicated to the Ross Breast Center that will guide newly diagnosed patients with breast cancer. The interventions will include but not be limited to referral to primary care medical home, specialty care referral for disenfranchised or medically complex patients , and education on appropriate level of care needed and medical instructions, and follow-up with patients.	094108002.3.5 IT-6.2.a Client Satisfaction Questionnaire 8 (CSQ-8)	$2,220,061
094108002.2.3 Implement/Expand Care Transitions Programs (Mother Frances Hospital 094109002)	The goal of this project is to implement improvements in care transitions and coordination of care from inpatient to outpatient, post-acute, and home care settings in order to prevent increased health care costs and hospital readmissions.	094108002.3.6 IT-3.3 Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	$2,220,061
094127002.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Carthage 094127002)	Implement a patient navigation service that shifts non-urgent patients to a more appropriate level of care thru referral to a primary care provider	094127002.3.201 IT-2.12 Ambulatory Care Sensitive Conditions Admission Rate	$1,544,047
094190802.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Fairfield 094190802)	Implement a patient navigation service that shifts non-urgent patients to a more appropriate level of care. The patient navigators will provide non-urgent patients with a referral to a primary care provider	094190802.3.201 IT-2.12 Ambulatory Care Sensitive Conditions Admission Rate	$946,265
121817401.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Trinity 121817401)	Implement a patient navigation service that shifts non-urgent patients to a more appropriate level of care. The patient navigators will provide non-urgent patients with a referral to a primary care provider.	121817401.3.201 IT-2.12 Ambulatory Care Sensitive Conditions Admission Rate	$1,428,159
121988304.2.1 Integrated Primary Care/Behavioral Health Mobile Clinic (Lakes Regional MHMR Center 12988304)	Design, implement and evaluate projects that provide integrated primary and behavioral health care services: (Lakes Regional Care Integration Project)	121988304.3.2 IT-6.2.1 Client Satisfaction Questionnaire 8 (CSQ-8)	$3,642,576
121988304.2.2 Physical wellness/Health Mentor program for a targeted behavioral health population. (Lakes Regional MHMR Center 12988304)	Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting: (Lakes Regional IN-SHAPE Program)	121988304.3.3 IT-6.2.1 Client Satisfaction Questionnaire 8 (CSQ-8)	$814,755
127278302.2.1 Enhance/Expand Medical Homes for UPA Primary	Implement PCMH; expand primary care capacity; implement CHW chronic disease self-management, behavioral health, and tele-health facilitation.	127278302.3.10 – IT- 12.1 Breast cancer screening 127278302.3.11 – IT-12.4	$9,128,863

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
Care Clinics (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)		Pneumonia vaccination status for older adults 127278302.3.12 IT-1.20 Comprehensive Diabetes Care LDL Screening	
127278302.2.14 Pass 3b (127278302.2.2) Enhance/Expand Medical Homes for GSMC Internal Medicine Residency Clinic (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Collaboration between University Physician Associates and Good Shepherd Medical Center to implement PCMH; expand primary care capacity; implement CHW chronic disease self-management, behavioral health, and tele-health facilitation.	127278302.3.39 Pass 3b (127278302.3.13) – IT-12.3 Colorectal cancer screening 127278302.3.40 Pass 3b (127278302.3.14) – IT-12.4 Pneumonia vaccination status for older adults 127278302.3.41 Pass 3b (127278302.3.15) –IT-1.20 Comprehensive Diabetes Care LDL Screening	$8,911,004
127278302.2.15 Pass 3b (127278302.2.3) Use of Palliative Care Programs: Supportive Care for Patients with Debilitating Diseases (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Collaboration between University Physician Associates and Good Shepherd Medical Center where supportive care teams will use evidence-based models of effective advance care planning for patients with chronic, debilitating diseases to implement palliative care, reduce unnecessary ED visits and hospitalizations.	127278302.3.42 Pass 3b (127278302.3.16) –IT-13.1 Percent improvement in pain assessment 127278302.3.43 Pass 3b (127278302.3.17) – IT-13.2 Percent improvement in treatment preferences 127278302.3.44 Pass 3b (127278302.3.18) – IT-13.5 Percent improvement in discussion of spiritual/religious concerns	$10,757,076
127278302.2.16 Pass 3b (127278302.2.4) Improve Self-Management for Pediatric Asthma Patients (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Collaboration between University Physician Associates, Christus St. Michael Health System and local independent school districts to deploy mobile units to facilitate early diagnosis and disease management for children with asthma throughout the region.	127278302.3.45 Pass 3b (127278303.3.19) – IT-1.22 Asthma Percent of Opportunity Achieved	$11,775,331

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
127278302.2.5 Evidence-based Disease Prevention: Expand Delivery of Early Colon Cancer Treatment and Secondary Prevention Management (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Increase access to colon cancer specialty management (gastroenterology/medical oncology/surgical oncology) via the PCMH and utilize CHWs for a widespread community outreach and education campaign.	127278302.3.20 – IT-12.16 High-Risk Colorectal Cancer Follow-up Rate Within One Year	$10,119,518
127278302.2.17 Pass 3b (127278302.2.6) Apply a Systematic Approach to Improve Quality/ Efficiency for CHF Patients (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Through a collaboration facilitated by University Physician Associates, Palestine Regional Medical Center, Good Shepherd Medical Center, and Christus St. Michael Health System will use a learning collaborative format to select, implement and evaluate QI/E processes and meet regularly to share challenges, successes, lessons learned, and establish a compendium of best practices.	127278302.3.46 Pass 3b (127278302.3.21) – IT-3.3 Risk Adjusted Congestive heart failure 30 day readmission rate	$8,559,461
127278302.2.18 Pass 3b (127278302.2.7) Integrate Primary and Behavioral Health Care Services (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Through collaboration between University Physician Associates and Good Shepherd Medical Center, behavioral health professionals and CHWs will be added to primary care teams to foster integration of behavioral health services for patients in the primary care setting.	127278302.3.47 Pass 3b (127278302.3.22) – IT-1.8 Depression management: screening & treatment plan for clinical depression 127278302.3.48 Pass 3b (127278303.3.23) – IT-1.9 Depression management: remission at twelve months	$13,207,272
127278302.2.19 Pass 3b (127278302.2.8) Implement Patient Care Navigator and CHW chronic disease self-management program to reduce emergency department visits (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Train and deploy Patient Care Navigators to facilitate hospital discharge and partner with the PCMH team to prevent hospital admissions/readmissions.	127278302.3.49 Pass 3b (127278302.3.24) –IT- 9.2 Reduce ED visits for Ambulatory Care Sensitive Conditions	$12,587,920

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
127278302.2.20 Pass 3b 127278302.2.9 Enhance Medical Home (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Create a partnership between Christus St. Michael Health System and a medical home that initiatives preventive care and reduces reliance on Emergency Departments for primary care.	127278302.3.50 Pass 3b (127278302.3.25) IT-1.10 Diabetes Care: HbA1c Poor Control (>9.0%)	$6,545,359
127278302.2.22 Pass 3b (127278302.2.11) – Expand Care Transition Programs (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	With Christus St. Michaels, create smooth transitions of care from inpatient to outpatient settings, alternative inpatient settings, or home care so that patients being discharged understand the care regimen, have follow-up care scheduled, and are at reduced risk for avoidable readmissions.	127278302.3.52 Pass 3b (127278302.3.27) – IT-3.2 Congestive Heart Failure 30 day readmission rate	$6,388,602
127278302.2.23 Pass 3b (127278302.2.12) – Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals in the target population (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	With Palestine Regional Medical Center, develop an intensive outpatient behavioral health therapy program to continue care for adult behavioral health patients after completing the existing inpatient programs or for patients leaving the crisis stabilization unit that do not meet inpatient criteria and patients requiring behavioral health therapy in order to avoid crisis situations.	127278302.3.53 Pass 3b (127278302.3.30) IT-3.15 Risk Adjusted Behavioral Health/Substance Abuse 30-day Readmission Rate	$1,761,763
127278302.2.13 – Implement evidence-based strategies to reduce and prevent obesity in children and adolescents (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	Extend the evidence-based, multi-disciplinary pediatric weight management program from the Center for Obesity and it's Complications on Health (COACH) at Children's Medical Center in Dallas to a rural county in Northeast Texas (Lamar)	127278302.3.31 – IT-10.1.a.v Pediatric Quality of Life Inventory (PedsQL) Percent improvement over baseline of patient quality of life 127278302.3.500 IT-1.29 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	$1,007,559
130612806.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Jacksonville 130612806)	Implement a patient navigation service that shifts non-urgent patients to a more appropriate level of care. The patient navigators will provide non-urgent patients with a referral to a primary care provider.	IT-2.12 Ambulatory Care Sensitive Conditions Admission Rate 130612806.3.201	$2,045,014
131037704.2.1 Implement and innovative and evidence based	Implement a cost account system to identify unique and specific costs of providing care for the top 25 DRGs by volume.	131037704.3.2 IT-5.1.a Improved Cost Savings: Demonstrate Cost Savings	$2,914,460

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
intervention that will lead to cost savings for providers that have demonstrated need or unsatisfactory performance in this area (Hopkins County Memorial Hospital 131037704)		in the Care delivery – Cost of Illness Analysis	
131037704.2.2 Develop, implement, and evaluate standardized clinical protocols and evidence based delivery models to improve care transitions (Hopkins County Memorial Hospital 131037704)	Develop, implement, and evaluate standardized clinical protocols and evidence based care delivery models to improve care transitions focusing on congestive heart failure patients.	131037704.3.4 IT 3.3 Risk-Adjusted Congestive Heart Failure 30 day Readmission Rate	$718,326
131038504.2.1 Establish/Expand a Patient Care Navigation Program (Hunt Regional Medical Center Greenville 131038504)	Implement a patient navigation program to make home visits to ED superuser patients and provide intense case management to high medical and social need patients including: medication management, implementing evidence based care plans, coordination of primary and specialty care visits, communicate health information to providers, provide patient/family self-management tools and disease education, conduct telephone follow-up and assist patients connect with outpatient resources.	131038504.3.2 IT- 9.2 Reduce ED visits for Ambulatory Care Sensitive Conditions	$9,046,044
131038504.2.2 Implement/Expand Care Transitions Programs (Hunt Regional Medical Center Greenville 131038504)	Implementation of Project RED, a comprehensive, standardized discharge program that implements best practices to improve the hospital discharge process in a way that promotes patient safety and reduces re-hospitalization rates.	131038504.3.3 IT- 3.22 Risk Adjsuted All Cause Readmission	$3,178,000
137921608.2.1 Design, implement, and evaluate projects that provide integrated primary and behavioral health care services. (Community Healthcore 137921608)	Community Healthcore will collaborate with Good Shepherd Medical Center and the local FQHC in the Longview area to integrate primary and behavioral healthcare services to result in an integrated approach to health care that is “More Than Co-Location.”	137921608.3.4 IT-1.7 Controlling high blood pressure 137921608.3.5 IT-1.21 Adult Body Mass Index (BMI) Assessment	$1,618,728

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
138360606.2.1 Center for Healthy Living (Northeast Texas Public Health District 138360606)	The Center for Healthy Living will focus on improving the quality of life of citizens of Tyler. The Center will establish self-management and wellness programs using evidence – based practices. Self- management programs will include: diabetic management classes and Screenings such as mobile mammography, blood pressure, blood glucose, cholesterol, weight and BMI will be provided	138360606.3.1 IT-10.3.e Problem Areas in Diabetes (PAID) Scale	$660,000
751281410.2.1 Jail Diversion (Andrews Center 751281410)	Intercept behavioral health patients from several points within the justice system	751281410.3.2 IT-9.1 Decrease in mental health admissions to criminal justice settings	$3,246,312
751281410.2.2 Primary Behavioral Health Integration (Andrews Center 751281410)	Provide integrated primary and behavioral health services through clinic hours	751281410.3.201 IT-1.7 Controlling high blood pressure	$5,590,675
751281410.2.3 Outpatient Therapy Expansion (Andrews Center 751281410)	Increase therapy services in Smith, Henderson, Van Zandt, Wood, and Rains counties by expanding an intensive therapy program for the behavioral health population	751281410.3.202 IT-10.1.a.iv Assessment of Quality of Life (AQoL-8D)	$1,294,396
138913209.2.1 Redesign for Cost Containment (Titus Regional Medical Center 138913209)	Develop a Business Intelligence system with the capability to test methodologies for measuring cost containment, intervention and innovation impacts so they may be applied to other projects or efforts giving Titus Regional Medical Center the ability to measure the efficiency of these initiatives and expand the ability to generate data reports to prioritize our decisions for improvement initiatives.	138913209.3.3 IT-5.2 – Per Episode Cost of Care	$2,851,200
138913209.2.2 Redesign to Improve Patient Experience (Titus Regional Medical Center 138913209)	Design, develop, and implement a program of continuous, rapid process improvement that will address issues of safety, quality, and efficiency.	138913209.3.202 IT-9.10.b Median time from admit decision time to time of departure from the ED 138913209.3.203 IT-9.10.c Median time from ED arrival to time of departure from the emergency room for patients admitted from the ED 138913209.3.5 IT-9.10.a Median time from ED arrival to ED departure for discharged ED patients	$1,081,736
139173209.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Athens 139173209)	Implement a patient navigation service that shifts non-urgent patients to a more appropriate level of care. The patient navigators will provide non-urgent patients with a referral to a primary care provider.	139173209.3.202 IT-2.21 Ambulatory Care Sensitive Conditions Admission Rate	$4,874,979

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 2-5
139173209.2.2 Implement/Expand Care Transitions Program (ETMC Athens 139173209)	Implement the re-engineered discharge (RED) design for congestive heart failure (CHF) patients. Newly established discharge protocol will create smooth transitions of care from inpatient to outpatient settings by providing care management during this time period.	139173209.3.203 IT-3.3 Risk Adjusted CHF 30-Day Readmission Rate	$1,252,721
139173209.2.3 Redesign to Improve Patient Experience (ETMC Athens 139173209)	Implement processes to measure and improve patient experience.	139173209.3.204 IT-6.1.a.ix HCAHPS Overall Hospital Rating	$2,387,537
177870603.2.4 Establish self-management program (Red River Regional Hospital 177870603)	Implement an evidence-based diabetes management program	177870603.3.6 IT-1.10 Diabetes care: HbA1c poor control (>9.0%)	$991,173
177870603.2.2 Implement processes to improve patient experience (Red River Regional Hospital 177870603)	Develop and implement a patient experience improvement plan in order to improve how the patient experiences care	177870603.3.200 IT-6.1.a.ix HCAHPS Overall Hospital Rating	$1,131,097
177870603.2.3 Interventions tailored towards geriatric, behavioral health patients (Red River Regional Hospital 177870603)	Provide a structured outpatient program (SOP) for geriatric, behavioral health patients	177870603.3.201 IT-11.26.e.i Patient Health Questionnaire 9 (PHQ-9)	$303,825

Summary of Three-Year Categories 1-2 Projects

The following projects were added to the regional health plan in December 2013.

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 3-5
Category 1: Infrastructure Development			
111411803.1.100 Improve Access To Specialty Care (ACCESS 111411803)	This project will support specialty care access to behavioral health providers in the underserved area by recruiting a full-time psychiatrist or other mental health provider for adult, outpatient services.	111411803.3.100 IT-1.18 Follow-Up After Hospitalization for Mental Illness	$861,658
111411803.1.101 Expand the Number of Community Based Settings for Behavioral Health Services to be Delivered in Underserved Areas (ACCESS 111411803)	ACCESS will establish outpatient substance abuse treatment sites in Anderson and Cherokee Counties to meet the needs of a growing population, especially the poor and uninsured. The sites will be in our current facilities and will be licensed for supportive outpatient services.	111411803.3.200 IT-9.4.e Reduce Emergency Department visits for Behavioral Health/Substance Abuse	$342,718
177870603.1.100 Introduce, Expand, or Enhance Telemedicine (Red River Regional Hospital 177870603)	At RRRH, this project will provide specialty physician consultations in select specialties through the use of telemedicine. Types of specialties will include cardiology, pulmonology, and neurology.	177870603.3.203 IT-2.21 Ambulatory Care Sensitive Conditions Admissions Rate	$1,991,041
177870603.1.101 Improve Access to Specialty Care (Red River Regional Hospital 177870603)	This project increases access to specialty healthcare through recruiting a full-time orthopedic surgeon to establish a specialty clinic.	177870603.3.204 IT-2.21 Ambulatory Care Sensitive Conditions Admissions Rate	$1,319,982
Category 2: Program Innovation and Redesign			
094108002.2.100 Implement a Palliative Care Program to Address Patients with End-of-Life Decisions and Care Needs (Mother Frances Hospital 094108002)	The goal of this project would be to provide a formal business plan for expansion of the palliative care program that would formalize the collaborative team approach for patient consult, education on the palliative care program to hospitalists and primary care providers, including pediatricians, and internal medicine providers.	094108002.3.100 IT-13.4 Hospice and Palliative Care – Proportion admitted to the ICU in the last 30 days of life	$1,847,526
111411803.2.100 Recruit, Train, and Support Consumers of Mental Health Services to Provide Peer Support Services (ACCESS 111411803)	ACCESS will train and employ Peer Specialists to provide peer support to other mental health consumers in Anderson County. Specialist will also engage their peers to prevent or manage chronic health conditions. The site will be in our current Anderson County facility.	111411803.3.102 IT-1.18 Follow-Up After Hospitalization for Mental Illness	$231,719

Project Title	Brief Project Description	Related Category 3 Outcome Measure(s)	Estimated Incentive Amount (DSRIP) for DYs 3-5
127278302.2.100 Evidence-Based Strategies for Appropriate Use of Testing for Targeted Population: Tuberculosis Identification and Treatment (UTHSCT MSRDP - University Physician Associates (UPA) 127278302)	This project will: a) increase targeted testing for latent tuberculosis infection (LTBI) in high risk populations, b) provide routine testing for LTBI with interferon gamma release assays (IGRAs) instead of tuberculin skin testing to minimize false positive tests in BCG vaccinated patients and avoid unnecessary LTBI therapy, c) provide routine treatment of LTBI through a 12 dose, 12 week regimen administered by directly observed therapy (DOT) to improve patient adherence and completion of LTBI therapy, d) facilitate hospitalization for TB care of those few patients who cannot be successfully treated as outpatients.	127278302.3.100 IT-15.17 Latent Tuberculosis Infection (LTBI) treatment rate	$1,000,318
7512814102.2.100 Design, Implement, and Evaluate Projects for Individuals Needing Outpatient Therapy (Andrews Center 751281410)	This project will significantly increase outpatient therapy services in Henderson County, providing an estimated 3,000 additional outpatient therapy appointments over the span of the program. This will be accomplished by hiring a new dedicated outpatient therapist who will be stationed full time at our clinic in Henderson County.	751281410.3.203 IT-10.1.a.iv Assessment of Quality of Life (AQoL-8D)	$622,117

Removed Projects

The following projects were previously included in the *Summary of Category 1-2 Projects* table but were removed from the regional health plan:

Project Title (include unique RHP project ID number for each project.)	**Brief Project Description**	**Related Category 3 Outcome Measure(s)** (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	**Estimated Incentive Amount (DSRIP) for DYs 2-5** (Cat 1-2 Vales)
Removed during Pass 3B: 12728302.2.10 Apply Process Improvement Methodology to Improve Quality/Efficiency (UTHSCT MSRDP – University Physician Associates (UPA) 12728302)	With Christus St. Michael Health System, reduce harm or death to patients seeking care due to sepsis by following the Institute for Healthcare Improvement recommended Surviving Sepsis Campaign while supporting an interdisciplinary team approach.	12728302.3.26 IT-4.8 Sepsis Mortality	$6,117,377
Removed by Performing Provider: 218834401.2.1 Implement Palliative Care Program (Texas Palliative Care 218834401)	Expand palliative care consulting program to help hospital patients with end-of-life-decisions.	218834401.3.1 IT-13.4 Proportion admitted to the ICU in the last 30 days of life (NQF 0213)	$1,230,304
Removed by Performing Provider: 020812601.1.3 Expand Specialty Care Capacity (ETMC Tyler 020812601)	Improve access to specialty care	020812601.3.3 IT-1.18 Follow-Up After Hospitalization for Mental Illness - NQF 0576236	$3,254,790
Removed by Performing Provider: 138913209.1.2 Expand Specialty Care Capacity (Titus Regional Medical Center 138913209)	Improve access to specialty care.	138913209.3.4 – IT-3.3 – Diabetes 30 day readmission rate	$545,851
Removed by Performing Provider: 130862905.1.1 Expand Primary Care Capacity (ETMC Clarksville 130862905)	Expand existing primary care capacity	IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate 130862905.3.1	$2,031,562
Removed by Performing Provider: 137319306.1.1 Expand Primary Care Capacity (ETMC Crockett 137319306)	Expand existing primary care capacity	IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate 137319306.3.1	$1,682,012

Project Title (include unique RHP project ID number for each project.)	**Brief Project Description**	**Related Category 3 Outcome Measure(s)** (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	**Estimated Incentive Amount (DSRIP) for DYs 2-5** (Cat 1-2 Vales)
Removed by Performing Provider: 168447401.1.1 Expand Primary Care (ETMC Gilmer 168447401)	Expand existing primary care capacity	168447401.3.1 IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate	$1,597,796
Removed by Performing Provider: 136140407.1.1 Expand Primary Care Capacity (ETMC Mt. Vernon 136140407)	Expand existing primary care capacity	IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate 136140407.3.1	$470,780
Removed by Performing Provider: 020812601.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Tyler 020812601)	Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care.	IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate 020812601.3.4	$4,048,877
Removed by Performing Provider: 020812601.2.2 Implement/Expand Care Transitions Program (ETMC Tyler 020812601)	Develop, implement, and evaluate standardized clinical protocols and evidence-based care delivery model to improve care transitions.	IT-3.2 CHF 30-Day Readmission Rate 020812601.3.5	$1,918,723
Removed by Performing Provider: 136140407.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Mt. Vernon 136140407)	Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care.	IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate 136140407.3.2	$430,331
Removed by Performing Provider: 137319306.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Crockett 137319306)	Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care.	IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate 137319306.3.2	$1,849,399
Removed by Performing Provider: 130862905.2.1 Establish/Expand a Patient Care Navigation Program (ETMC Clarksville 130862905)	Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care.	IT-2.11 Ambulatory Care Sensitive Conditions Admission Rate 130862905.3.2	$855,372