

Anchor Notes



In the spirit of the Thanksgiving holiday, we asked our RHP 9 providers what they are most thankful for this season.

“I am thankful the Waiver has allowed us to give clients affected by mental illness renewed hope on their journey to recovery and a better quality of life.” - Charlene Randolph, Dallas County Criminal Justice Department

“I am thankful that our health care institutions are improving the delivery of health care by supporting the DSRIP projects.”
- Pat Griffith, UTSW

“I am thankful for the opportunity to serve so many more clients in ways that were not possible before the waiver.” - Tammy Weppleman, Denton County MHMR

“I am thankful of being on a path in which I work with many great teammates that are compassionate and strive in making a difference in people’s life thru healthcare transformation.” - Niki Franks, PHHS

“A patient who received services from the DSRIP project wrote, “I feel much better than I did and now I see there is hope and I am not alone.” For these and many more we are grateful at Timberlawn for the opportunity to serve the patients in our community and grateful that we are allowed to be a part of their journey at such a stressful time in their lives.” - Leslie Sanders, Timberlawn

“I am thankful for the opportunity to demonstrate what I believe to be a universal truth – it takes a team of health care providers to support individuals who live with a chronic disease to navigate the health care system and learn how to successfully self-manage their chronic disease (s).” - PJ Pugh, Baylor Scott & White

“Thankful for the many connections and partnerships we have been able to make as a result of DSRIP. Our patients and staff have been able to directly benefit from the knowledge sharing facilitated by DSRIP.” - Stacie Anderson, Methodist

“Children’s Health is thankful for the DSRIP projects allowing us to leverage our resources to touch more patients than in just the inpatient and ambulatory settings.” - Bob Hewson, CMC

“Since Texas Health Presbyterian Hospital Denton leadership and program staff are committed to improving the health of the people in the community we serve, we are thankful for the opportunity provided through the DSRIP programs to serve really incredible people in our community needing support of their chronic conditions.” - Kathy Srokosz, THR

“Dallas County HHS is thankful to be able to wake up everyday and impact someone’s life by providing them with access to health resources that could change their lives. As well as being thankful to have those same individuals impact our life and not even know it.”
- Tiffany Williams, Dallas County HHS

“I am thankful for being surrounded by others who are enthusiastic about new ways we can educate our patients about the medication they are taking.” - Kristin Alvarez, PHHS

“I am thankful for the opportunity to be able to provide much needed services to clients that would not be able to receive the services elsewhere.” - Sarah Loera, Metrocare

“I am thankful for Regional Healthcare Partnerships because the DSRIP projects address serious healthcare needs in our community. It is time for everyone to realize that political priorities are not and should not be healthcare priorities or policies.” - Steve Love, Dallas-Fort Worth Hospital Council

“I’m thankful for the expansion of services for patients and training for our students that the DSRIP funding has made possible. Already at this point, we’ve provided treatment to thousands of people who otherwise would not have received it, and hundreds of hours of training for our students in caring for these patients.”
- Daniel Jones, DDS, Ph.D., Baylor College of Dentistry

“I am thankful that every time the semiannual reporting comes around, I am able to learn a brand new way to report our milestones and metrics. Reading the companion document is like Christmas every April and October!” - Drew Shea, DHWRL

“I am thankful to be a part of finding solutions for very tough healthcare challenges.” - Charlotte Carito, UTSW

“It has been remarkable to see how people, regardless of what organization they represent, have come together as a result of the waiver. We are thankful for the doors that have opened instead of closed and the leaders that have stepped up instead of stepped down. It’s now a healthcare community making a difference in the lives of our patients.” - Cynthia Barrera, Baylor Scott & White

“I’m thankful for my Metrocare and RHP9 teams that helped me in this last year to make Family Preservation Program (FPP) a success. All of the help and support has allowed FPP to make a big impact in out-of-home placements for children and adolescents in Dallas County.” - Steve Vigilante, Metrocare

As for the Anchor team, we are thankful to be surrounded by amazing providers who keep their spirits (and humor) lifted during the most trying of Waiver times. It is because of all that you do that we are transforming care and helping our community.



TRANSFORMING CARE SPOTLIGHT TEXAS HEALTH RESOURCES DENTON

If you have spent any time in the RHP 9 learning collaborative cohorts you are familiar with a group of Texas Health Presbyterian Hospital Denton nurses (Dana Kennedy, Karen Bruner, and Meenaz Charaniya) that have adopted the moniker “DSRIP DIVA’s - Divas Serving Really Incredible People”. As do many of our providers, this group of ladies go above and beyond for their patients because they believe “if you’re a DSRIP Diva it’s the right thing to do.”

An example of this is “Mike”. Mike is a medically complex patient that was frequently seen in their ER. Mike had been on parole and because of his conditions had a hard time remembering to call his parole officer on time. Recognizing that they would be unable to help Mike with his conditions if he violated his parole, nurse Dana Kennedy reached out to his parole officer. She followed up with both the patient and his parole officer to ensure calls were not missed.

Staff understands that if a patient’s basic and social needs are not being met then they have little chance of success. “We conduct social and clinical needs assessments for each patient. If a patient does not have food, safe shelter or transportation there is little chance they will be able to buy the medication they need or make it to their appointments. We have to meet their basic needs first in order to help them be successful with their health needs.” states Kathy Srokosz, Outpatient and Chronic Care Services Director. It takes a strong clinician to address the gaps and barriers the patients may face. Staff have established relationships with area organizations that help to relieve some of the burdens. “We have to treat the whole person.”

The DIVAs work at the new Texas Health Denton Caring Clinic created to support patients enrolled in the two DSRIP projects: care navigation program and diabetes education program. The navigator program provides care coordination to prevent unnecessary ED visits and hospitalizations for patients that have greater than three ED visits in the past year or have been identified as at risk for fragmented care. Recognizing the complexity of the patients, the navigation project will be adding a nurse practitioner in December to ensure the patient’s health needs are met while a medical home is established. The diabetes education program provides education, resources, and support to patients who have not been effectively educated on how to manage their diabetes and/or understand the daily regimen and the need for monitoring their disease process. The criteria for enrollment includes unfunded or underfunded patients identified with diabetes through the ED or in community events. The goal is to improve HbA1c to < 9%. Both projects address gaps in care delivery, are nurse-driven, and identify a medical home that is a good fit and will provide the appropriate level of medical care for the patient. Although the projects are separate, many times the nurses see the patients together as rarely do the patients have only one condition and their needs may overlap. Routine meetings with the transition team of case managers, social workers and providers are critical to the success of the projects.

Staff at the Caring Clinic also started a collaboration with another RHP 9 provider, Denton County MHMR, to address the behavioral needs of many of their patients. One of Denton County MHMR’s DSRIP projects is an integrated primary care and behavioral health care clinic. Care planning meetings are held to track the patient’s progress.

The “DIVAs” are happy to report that Mike is currently being seen at Denton County MHMR integrated clinic, is off parole, and is developing hobbies. “Mike is very thankful we never gave up on him and has even referred family members to our clinic”, states Dana. “Our program continues to evolve to meet the needs of our patients. We know it is the right thing to do and patients are truly benefitting from the programs.”

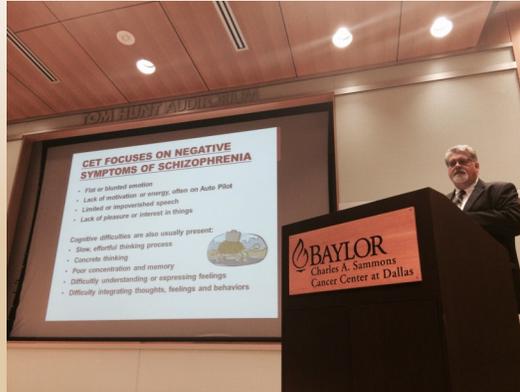


DSRIP Divas Meenaz Charaniya, Karen Bruner, and Dana Kennedy

HAPPENINGS



Fred Cerise, MD, CEO of Parkland & Matt Richardson, DrPH, Director, Denton County Health Department



Dan Corley, PhD of Lakes Regional MHMR presenting on the Cognitive Enhancement Therapy DSRIP program at the RHP 9 Biannual Event.



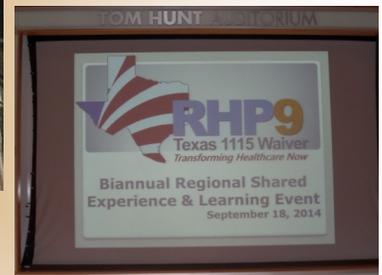
Parkland staff Ken Costigan, Don Andriot, Gabe Fruge, and David Garcia



RHP 9 representing at the Statewide Learning Collaborative Summit in Austin.



Sara Levinson & Sarah Weyandt (aka "The Sarah's of UTSW")



RHP 9 Biannual Event presenters Kristin Jenkins, Dallas Fort Worth Hospital Council Foundation; Lisa Kirsch, HHSC; Christina Mintner, Anchor; & Fred Cerise, MD.



Vidya Ayyr, Parkland; Hilda Sallack & Bob Hewson, CMC; Brad Walsh, Parkland; & Jamie Becker, PhD, CMC



Charlene Randolph, Dallas County Criminal Justice Department, & Dan Corley



Care Management

Baylor Scott & White patient “Nancy” is a 41 year old smoker with morbid obesity, uncontrolled diabetes, hyperlipidemia, and depression. When she started receiving care management services through the Baylor Scott & White DSRIP project at the Baylor Community Clinic in Garland her HgA1c was 9.6 and she often forgot to take her insulin. Nancy initially referred to herself as “lazy” and disorganized”. She agreed to weekly phone calls or clinic visits with her care manager, Sydney. Nancy is now actively engaged in strategizing around problem areas, such as medication adherence and diet. In only 1 month the patient increased her medication adherence by 40% and switched her diet to the “Plate Method” by using smaller plates. Her HgA1c continues to improve and is now at 8.6. She is also currently receiving counseling to treat her depression. The progress is slow but steady. Nancy recently remarked, “I have even amazed myself!”

Having the ability to work with an RN Care Manager gives the patient access to a health care provider that has the skill set and time to focus on her healthcare needs: addressing gaps in self-management, navigating the healthcare care system, and providing weekly follow up. Multiple waiver projects overlap to provide care for Nancy. Access to a behavioral health specialist and pharmacist provide additional needed services for the patients. Depression is common in patients living with a chronic disease. The demands of diabetes self-management can be overwhelming even in the best of times and with all the needed resources. Patients seen in the community clinic often have limited resources. Sydney has the ability to collaborate with the behavioral health specialist and ensure Nancy’s emotional needs are met. Additionally Sydney and the clinic pharmacist review medications and work with the provider to ensure that they are affordable for the patient. Sydney can support the patient’s medication adherence through weekly follow up. The waiver provides the opportunity for team based care– the provider, RN Care Manager, community health worker, social work team, and pharmacy team are all in place to facilitate patient engagement and promote successful self-management.

Integrating Behavioral Health & Pediatric Medical Services

Two of the Children’s Medical Center DSRIP projects involve adding behavioral health providers to the MyChildren’s pediatric practices and integrating the behavioral health services with the pediatric medical services. We have seen many successes with this integrated care model.



One mother brought her five-year old boy to his primary care physician at MyChildren’s for concerns of deep sadness after being separated from his biological dad and girlfriend because of possible abuse with another sibling. The boy wanted to sleep all the time and did not want to play. Although the boy was very young, Mom was so concerned that she mentioned he might need medication for his sadness. After the screening process, the social worker referred the boy to the MyChildren’s pediatric psychologist who evaluated the boy for depression and for Attention Deficit Hyperactivity Disorder (ADHD). In therapy, the boy learned skills to cope with bullying at school and separation from his dad. Mom reported much improved mood at home and that no medication is indicated.

Prior to implementing these behavioral health services in the pediatric medical home, this mom would not have been able to have her child screened by the pediatrician and then referred for additional services all within the medical home setting.



RHP 9 GIVES BACK

RHP 9 recognizes that Improving the health of our population includes giving back to our communities.

We are pleased to announce the

RHP 9 Gives Back Campaign

that supports local initiatives in our region.

December Event: Food Drive

Benefitting the North Texas Food Bank

RHP 9 will collect food items at our December 11 cohort event

Founded in 1982, the North Texas Food Bank (NTFB) is a Dallas nonprofit hunger relief organization that donates, purchases and prepares foods through a network of more than 250 Partner Agencies in 13 counties. NTFB provides access to nearly 175,000 nutritious meals each day. Items requested by NTFB: Soup, Stew, Chili (low sodium), canned vegetables (low sodium), beans (canned or dried), canned tuna/chicken, fruit (canned or dried), peanut/almond butter, brown rice, and whole grain crackers/granola bars. NTFB also supports the Food 4 Paws program that enables large-scale distribution of dog and cat food to individuals seeking assistance through NTFB Partner Agencies.

Now Offering . . .

The Office of Continuing Medical & Public Education is pleased to offer timely education topics to begin to address some of the primary care providers' greatest concerns with delivery service transformation. To address these issues, the first 3 of several FREE accredited continuing education (CME) programs are available now.

- *Screening and Monitoring: Depression as the 6th Vital Sign**
- *Major Depressive Disorder: A Measurement Based Approach*
- *The Patient-Centered Medical Home: A Model for Health*
- *New Offering-Coming Soon . . . Population Health: Why Me? Why Now?*

Bookmark this page to see similar upcoming CME programs soon!
cme.utsouthwestern.edu



*medical ethics and/or professional responsibility available. These CME activities are supported by the CMS Healthcare Transformation and Quality Improvement Program project.

-  Projects on Target: 114
-  Projects Not Meeting Target: 0
-  Projects at Risk for Not Meeting Target: 4
-  Projects Completed: 6
-  Project Status Not Updated: 7

**DY4 Status Update:
November 2014**

Meet the Newest Members of our Waiver Family!



Neelay Mehta. Born August 27, 5lbs, 10oz, 18in. (Mom Niki, Baylor Scott & White)



Viviana Maria Loera. Bom June 29, 8lbs, 1oz, 20 in. (Mom Sarah, Metrocare)



Emersyn Renee Smith. Born August 12, 9lbs, 10oz, 20in. (Mom Amanda, Metrocare)



Olivia Chantharaj. Bom March 30, 7lbs 10oz, 19¾ in. (Mom Sherry, Metrocare)

