

Neonatal Evaluation and Outcomes Network (N.E.O.) 5th Annual Summit - Collaborative Care for NICU Survivors: Quest for the Best



How to advance from a network to a collaborative

Dr. David L. Lakey

**Vice Chancellor for Health Affairs and Chief Medical Officer
The University of Texas System**



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Collaboration

From Wikipedia, the free encyclopedia

For other uses, see [Collaboration \(disambiguation\)](#).

For the definition in music, between two or more artists, see [Featuring](#).

Collaboration is the process of two or more people or [organizations](#) working together to complete a task or achieve a goal.^[1] Collaboration is similar to [cooperation](#). Most collaboration requires [leadership](#), although the form of leadership can be social within a [decentralized](#) and [egalitarian](#) group.^[2] Teams that work collaboratively often access greater resources, recognition and rewards when facing competition for finite resources.^[3]

Structured methods of collaboration encourage [introspection](#) of behavior and communication.^[2] Such methods aim to increase the success of teams as they engage in collaborative [problem-solving](#).

Collaboration is present in opposing goals exhibiting the notion of [adversarial collaboration](#), though this is not a common use of the term.

In its applied sense, "(a) collaboration is a purposeful relationship in which all parties strategically choose to cooperate in order to accomplish a shared outcome."^[4]

PH

Population Health
The University of Texas System

Dictionary

Search for a word



col·lab·o·ra·tion

/kəˌlabəˈrāSH(ə)n/ 

noun

1. the action of working with someone to produce or create something.
"he wrote on art and architecture **in collaboration with** John Betjeman"
2. traitorous cooperation with an enemy.
"he faces charges of collaboration"

PH

Population Health
The University of Texas System



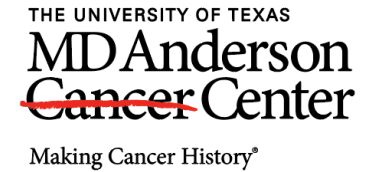
Using Collaboration and Precision Prevention to Improve Health in Texas



Current Collaboratives

- UT Collative for Population Health Innovation and Improvement (UT CoPHII)
- Texas Health Improvement Network
- Chairs of Psychiatry → Texas Mental Health Care Consortium
- Eliminate Tobacco Use
- Texas Collaborative for Healthy Mothers and Babies

UT Collaboration for Population Health Innovation and Improvement (UT CoPHII)





Prepared at the request of
the UT System Board of
Regents



<http://www.utsystempophealth.org/pophealth-strategic-plan/>



UT CoPHII: Goals

- Improve health in Texas by decreasing key health disparities
- Identify key overarching population health priorities to focus on over the next 3-5 years to expand on UT System's leadership role in state and national population health improvement



UT CoPHII: Process

- Institutional plans developed by internal population health teams
 - approved by institutions' leadership
- UT CoPHII leadership team identified cross–institutional themes, challenges, and opportunities
- Six key objectives identified



UT CoPHII: Recommendations

1. Increase UT System collaborations to address population health.
2. Develop strategies to promote data sharing, repository use and analytics.
3. Increase use and reach of telemedicine for delivery of primary and secondary care.
4. Promote cancer prevention and screening.
5. Prioritize mental health and expansion of integrated mental health services.
6. Advance health and health care workforce development.



Texas Health Improvement Network



The 84th Texas Legislature established the Texas Health Improvement Network (THIN) in order to:

- address urgent health care challenges,
- improve the health care system in this state and the nation, and
- to develop, based on population health research, health care initiatives, policies, and best practices.

Legislation came without funding

With guidance from its 28-member Advisory Council, a multi-institutional, cross-sector body of experts and leaders in population health improvement, THIN has developed 5 interim charges



Advisory Council

Presiding Officers

David Lakey
UT System

Lewis Foxhall
MD Anderson Cancer Center

Members

Jordana Barton
Federal Reserve
Bank of Dallas, San
Antonio

Karen Batory
Texas Medical
Association

Nora Belcher
Texas e-Health
Alliance

Ann Bishop
Employees
Retirement System
of Texas (Ret.)

Eric Boerwinkle
UTHealth Science
Center, Houston

Brooke Boston
Texas Department
of Housing and
Community Affairs

Kirk Calhoun
UTHealth Science
Center Tyler

Lynn Crismon
University of Texas
at Austin

Katrina Daniel
Teacher
Retirement System
of Texas

Nancy Dickey
Texas A&M
University

Epifanio Elizando
US Public Health
Service (Ret.)

Victoria Ford
Health and Human
Services
Commission

Sonja Gaines
Health and Human
Services
Commission

Rebecca Garcia
CPRIT

Kay Ghahremani
Texas Association
of Community-
based Health Plans

John Hellerstedt
Texas Department
of State Health
Services

Denise Koo
Centers for
Disease Control
(Ret.)

Ginny Lewis
Texas Association
of Regional
Councils

Elena Marks
Episcopal Health
Foundation

Octavio N.
Martinez, Jr.
Hogg Foundation
for Mental Health

Billy Phillips
Texas Tech Health
Sciences Center

Mitzi Ressman
Texas Hospital
Association

Eduardo Sanchez
American Heart
Association

Alan Stevens
Texas A&M College
of Medicine

Dennis Thombs
UNT Health
Science Center

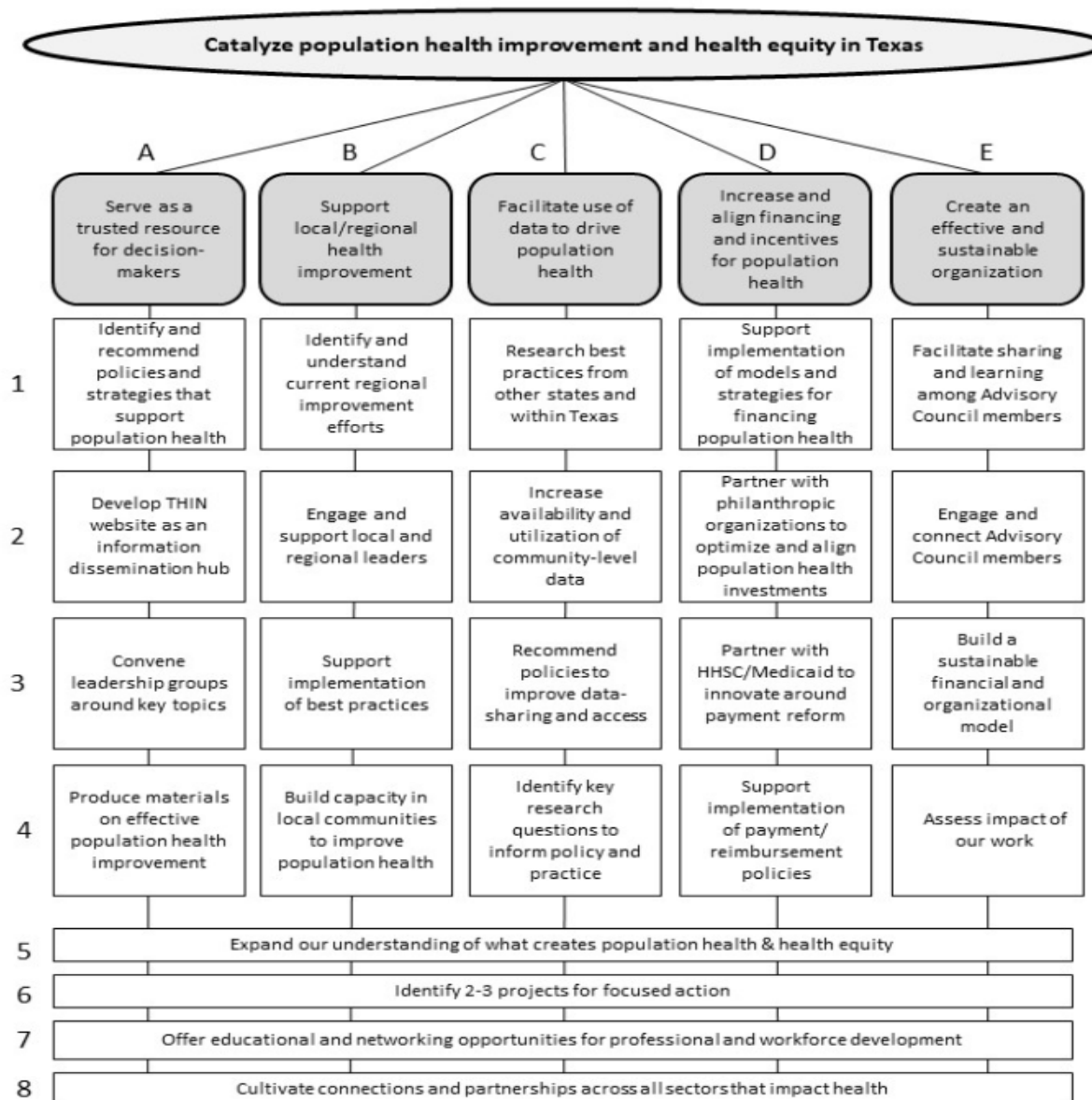
Jaime Wesolowski
Methodist
Healthcare
Ministries of South
Texas, Inc.

Marc Williams
Texas Department
of Transportation

Stephen Williams
Houston
Department of
Health and Human
Services



Strategic Map





T.H.I.N.

- **Dedicated staff through UT System**
- **Enhanced collaboration between advisory council entities**
- **Projects**
 - **Community health needs assessment inventory**
 - **Developed interim charge recommendations for 86th Texas Legislative session**
 - **Two policy briefs to legislature**
 - **Telemedicine in Texas**
 - **Data**
- **Healthier Texas Summit**



A COLLABORATION BETWEEN IT'S TIME TEXAS
AND THE UNIVERSITY OF TEXAS SYSTEM

- **Two Day annual event**
- **Partnership between UT System, THIN, and “It’s Time Texas”**
- **Focus on community health improvement and reduction of preventable chronic disease in Texas**
- **Many corporate, philanthropic and state sponsors**
- **Keynotes 2018: Surgeon General Jerome Adams and previous Assistant Secretary of Health Karen DeSalvo**
- **Attendance 2018 : 1350**

SAVE THE DATE

OCTOBER 17-18, 2019

2019 Healthier Texas Summit
October 17-18, 2019

AT&T Hotel and Conference Center
Austin, Texas



A COLLABORATION BETWEEN IT'S TIME TEXAS
AND THE UNIVERSITY OF TEXAS SYSTEM



Chairs of Psychiatry

- Includes the chairs of psychiatry at all state funded academic health science centers in Texas, state mental health agencies, and mental health philanthropic organizations
- Started in spring 2015
- Meets every 2 month
- Tremendous relationship building between entities
- Early wins
 - State mental health hospitals
 - Telehealth pilot for mental health hospitals
 - Behavior health research agenda



Senator Jane Nelson

P.O. Box 12068, State Capitol

Austin, Texas 78711

Tel. [\(512\) 463-0112](tel:5124630112)

Press Release

FOR IMMEDIATE RELEASE

November 12, 2018

Contact: Alexa Hoisager

[512-463-0112](tel:5124630112)

MENTAL HEALTH, CYBERSECURITY, FISCAL REFORMS AMONG INITIATIVES FILED BY SENATOR NELSON ON FIRST DAY OF PRE- FILING

AUSTIN – Texas State Senator Jane Nelson, R-Flower Mound, today filed a package of bills to improve mental health services, protect victims of human trafficking, strengthen the state's cybersecurity infrastructure and reform state fiscal policies as pre-filing began for the 86th Regular Session of the Texas Legislature, which reconvenes Tuesday, January 8, 2019 and concludes its business Monday, May 27, 2019.

"My top goal is to pass a solid budget that makes significant investments in our future. After paying Hurricane Harvey bills, we will still have the opportunity to increase education funding, improve transportation and make communities safer. We will care for our seniors, children and other vulnerable Texans, and I am personally committed to supporting survivors of domestic violence, sexual assault and human trafficking."

Lawmakers may file legislation today through March 8, 2019. The following is an overview of legislation pre-filed today by Senator Nelson:

Mental Health Consortium: SB 63 establishes the Texas Mental Health Care Consortium to foster collaboration among health-related institutions with the goal of improving early identification and access to mental health services, addressing psychiatry workforce issues, promoting and coordinating mental health research, and strengthening judicial training on juvenile mental health. The consortium will coordinate programs located in health-related institutions across the state such as the Child Psychiatry Access Network (CPAN) to assist pediatricians in meeting the behavioral health needs of children and youth and the Texas Child Access Through Telemedicine (TCHATT) program to connect at-risk students with behavioral health assessments and intervention through telemedicine. "This bill will help physicians identify children and adolescents who are struggling with mental health challenges and get them into treatment. More importantly, it will help prevent young people from becoming a danger to themselves and others," Senator Nelson said. "By leveraging the expertise of our institutions of higher education, we can expand access to care, grow our mental health workforce and support mental health research."



Eliminate Tobacco Use

- Partnership between MD Anderson and UT System
- Began in 2015 with the 14 UT institutions
- Now includes institutions across Texas and several states
- Partners include Texas Department of State Health Services (DSHS), the American Cancer Society Cancer Action Network, the American Lung Association, the American Heart Association, Campaign for Tobacco-Free Kids, the Truth Initiative, Americans for Nonsmokers' Rights, and Smoke Free Texas.



Eliminate Tobacco Use: Components

- Dedicated staff @ MD Anderson
- Annual Summit
- Engaging website with resources
- Accountability
 - Yearly report
- Four workgroups
 - Prevention
 - Cessation
 - Policy
- Initial wins!



LET'S MAKE TEXAS TOBACCO FREE

Eliminate Tobacco Use TM is a joint initiative of The University of Texas System and The University of Texas MD Anderson Cancer Center that seeks to create a tobacco-free culture on Texas campuses.

ABOUT INITIATIVE



Texas Collaborative for Healthy Mothers & Babies



TCHMB - Timeline

November 2013

HTB Expert Panel transitioned to become the Texas Collaborative for Healthy Mothers and Babies (TCHMB).

TCHMB, coordinated and facilitated by DSHS, grew to approximately 150 members.

November 2015

UT Health Science Center at Tyler, in partnership with UT System, began providing support to the TCHMB through a three year contract with DSHS.

November 2018

Contract with DSHS, Title V & Maternal and Child Health, is renewed through fiscal year 2021

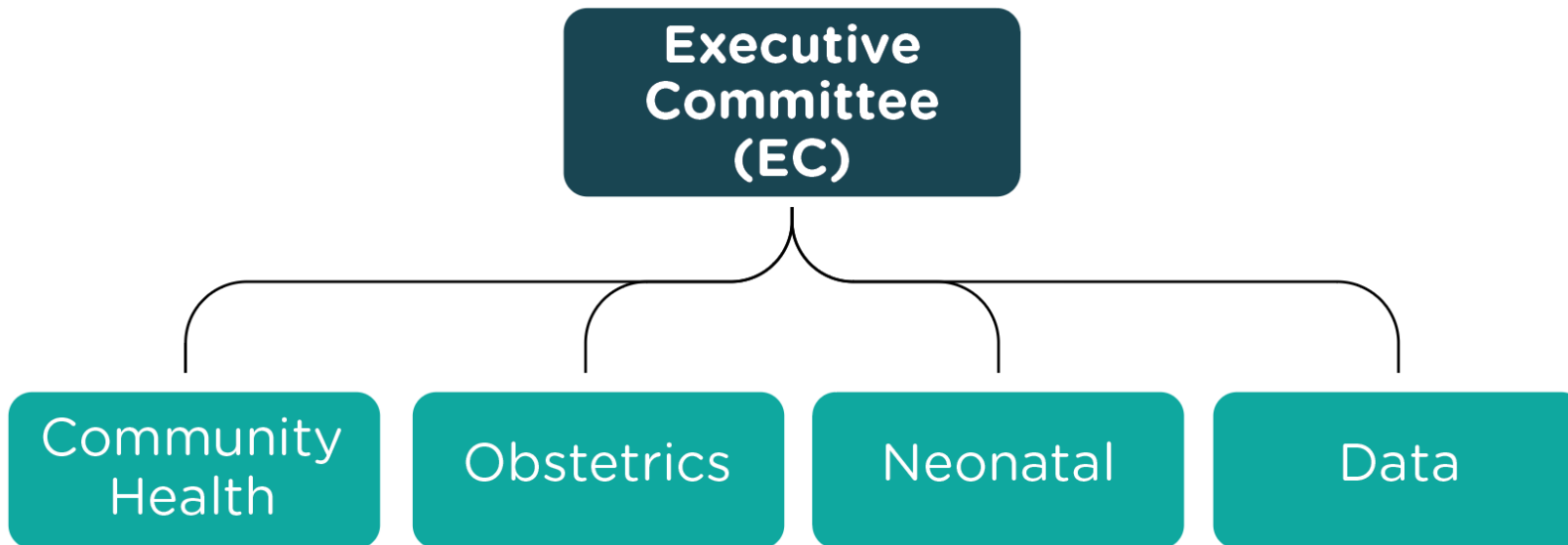


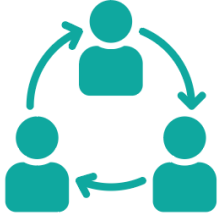
PQC Mission

To advance health care quality and patient safety for all Texas mothers and babies, through the collaboration of health and community stakeholders.



Leadership Structure





Partner Organizations:

Executive committee members span a broad range of multidisciplinary health professions, including obstetrics, maternal-fetal medicine, pediatrics, neonatology, nursing, and community health, and include members of the following organizations:

- Department of State Health Services (DSHS)
- Health and Human Services Commission (HHSC)
- Department of Family Protective Services (DFPS)
- March of Dimes (MoD)
- Facilitation Contractor Representative (currently UT Health Science Center at Tyler in coordination with UT System)
- Texas Hospital Association (THA)
- Texas Medical Association (TMA)
- American College of Obstetricians and Gynecologists (ACOG) District XI
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Texas Association of Community Health Centers (TACHC)
- Texas Pediatric Society (TPS)



Goals

- Reducing preterm birth and infant mortality
- Reducing disparities in the health outcomes of mothers and babies
- Reducing maternal mortality and severe maternal morbidity
- Improving the health outcomes of mothers and babies
- Increasing the involvement of fathers / families
- Improving women's health throughout the life cycle





Collaboration

TCHMB collaborates with Texas DSHS and other partner organizations to identify QI topics, and other activities, based on shared goals between partner organizations and the population needs and priorities of Texas.



Data-Driven Assessment

Hospital data shared via REDCap are analyzed, aggregated, and shared with the hospitals and through webinars and other venues. Secondary data analyses of vital statistics and hospital administrative data are conducted to inform areas of research.



Quality Improvement Methods

QI initiatives involve webinars, learning sessions, technical assistance to hospitals, and plan-do-study-act (PDSA) cycles. Tools and resources from national organizations and other state PQCs are also shared with hospitals.

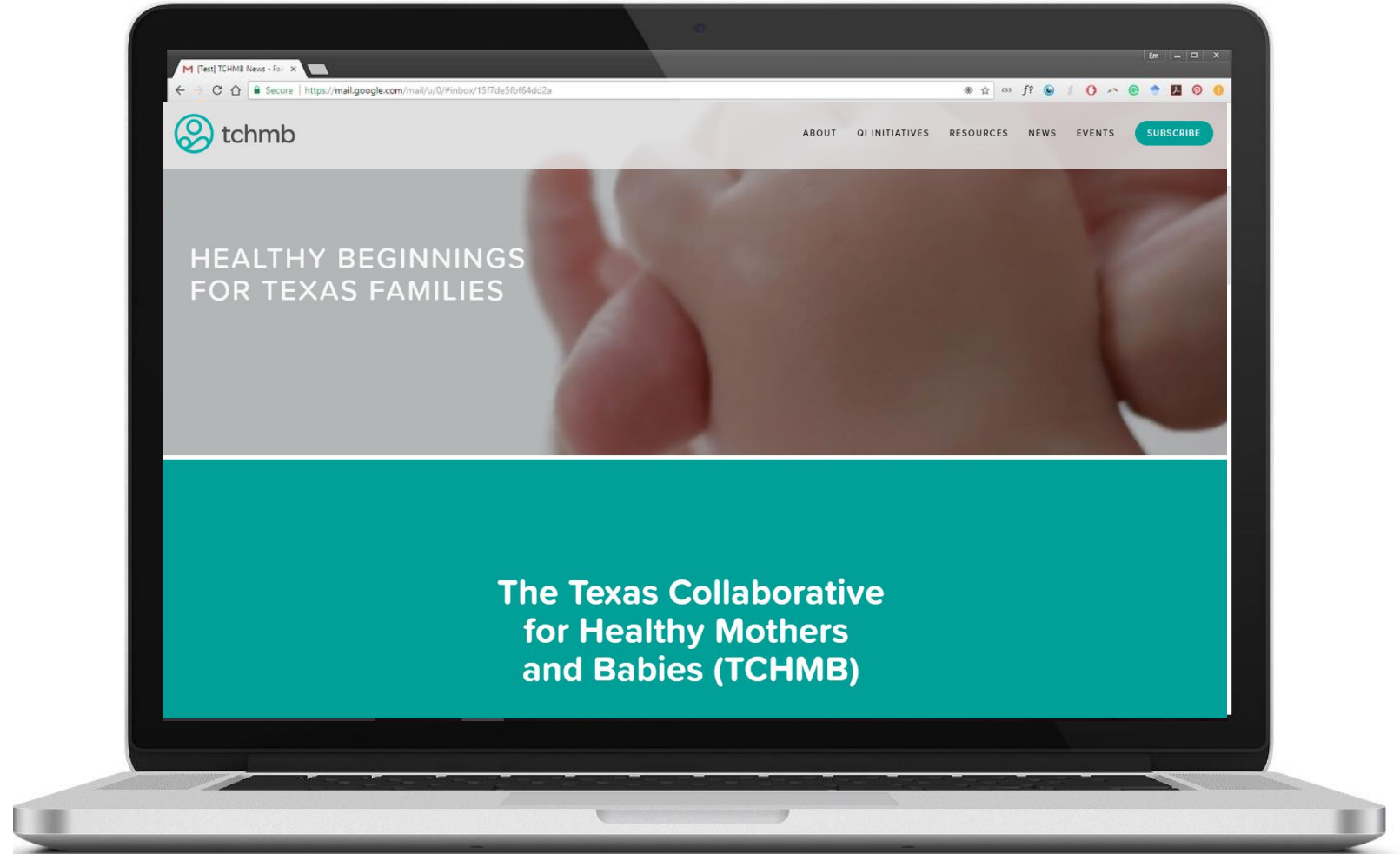


Education and Communication

News, tools, best practices, and other information is disseminated state- and nationwide through quarterly newsletters, conferences, publications, and the TCHMB website, and an annual conference is held for statewide engagement and educational opportunities.

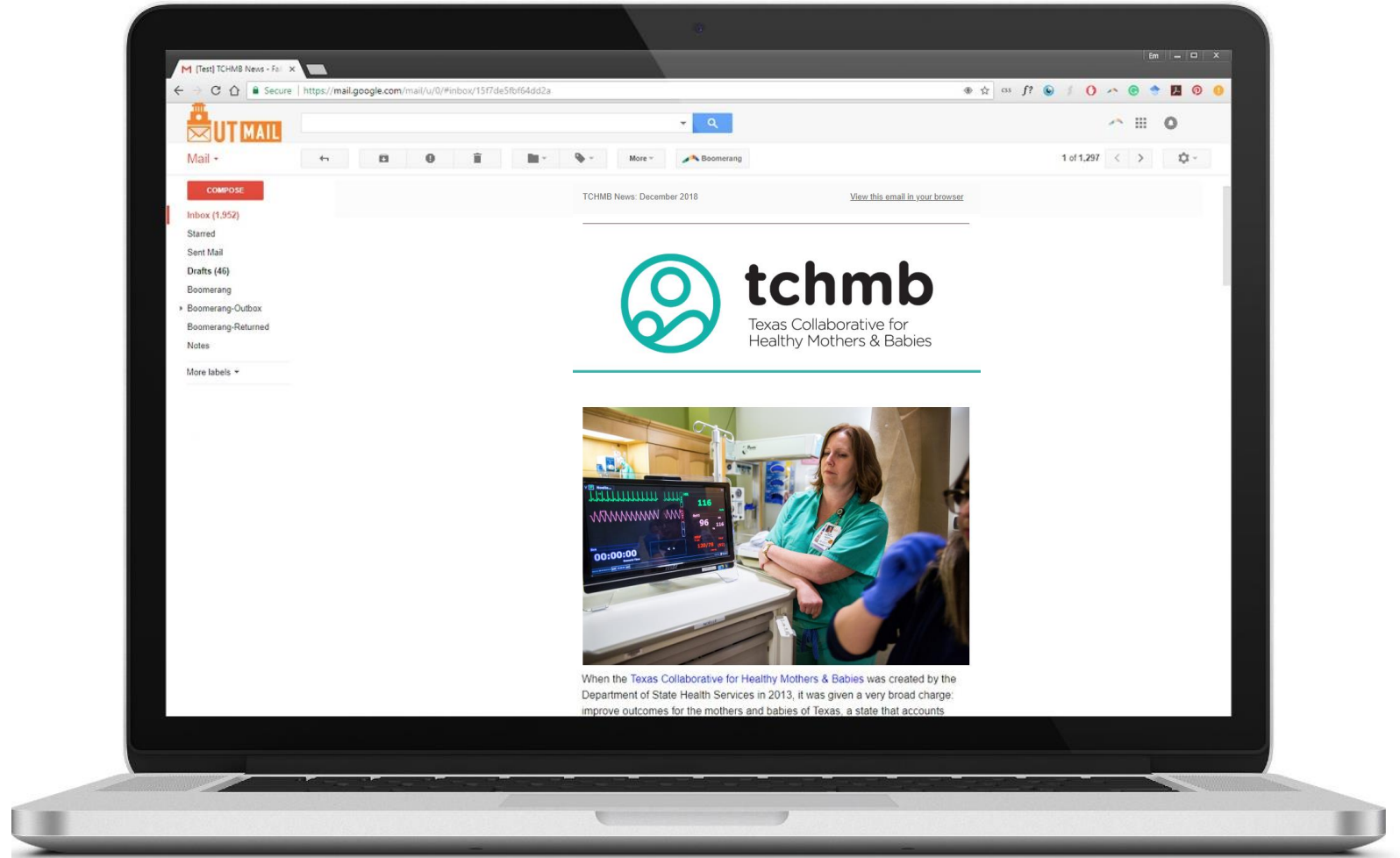
TCHMB.org

- 6,422 unique visitors in 2018



TCHMB News

- Quarterly
- 2,044 Subscribers



TCHMB Staff

UTHSC Tyler & UT System

- David Lakey
- Nagla Elerian
- Dorothy Mandell
- Lark Needham
- Daniel Oppenheimer
- Divya Patel
- Jon Gibson
- Em Karimifar
- Meliha Salahuddin
- Amanda Wagner

DSHS

- Manda Hall
- Jeremy Triplett
- Megan Coulter
- Molly Lindner
- Julie Stagg
- Ashley Steenberger
- Allison Waage
- Chris Webb
- Audrey Young

TCHMB Executive Committee

Chair: [Michael Speer, MD](#)

Vice Chair/Chair-Elect: [Patrick Ramsey, MD](#)

Past Chair: [George Saade, MD](#)

Obstetrics Subcommittee Co-Chairs:
[Christina Davidson, MD](#)
[Catherine Eppes, MD](#)

Neonatal Subcommittee Co-Chairs:
[Charleta Guillory, MD](#)
[Nancy Hurst, PhD](#)

Community Health Subcommittee Co-Chairs:
[June Hanke, RN, MSN, MPH](#)
[Janet Jones, MPH](#)

Data Co-Chairs: Vacant

DSHS: [Manda Hall, MD](#)

HHSC: [Stephanie Stephens](#)

DFPS: [Sasha Rasco, MPAff](#)

March of Dimes: [Heather Butscher, LMSW](#)

TMA Emily Briggs, MD, MPH

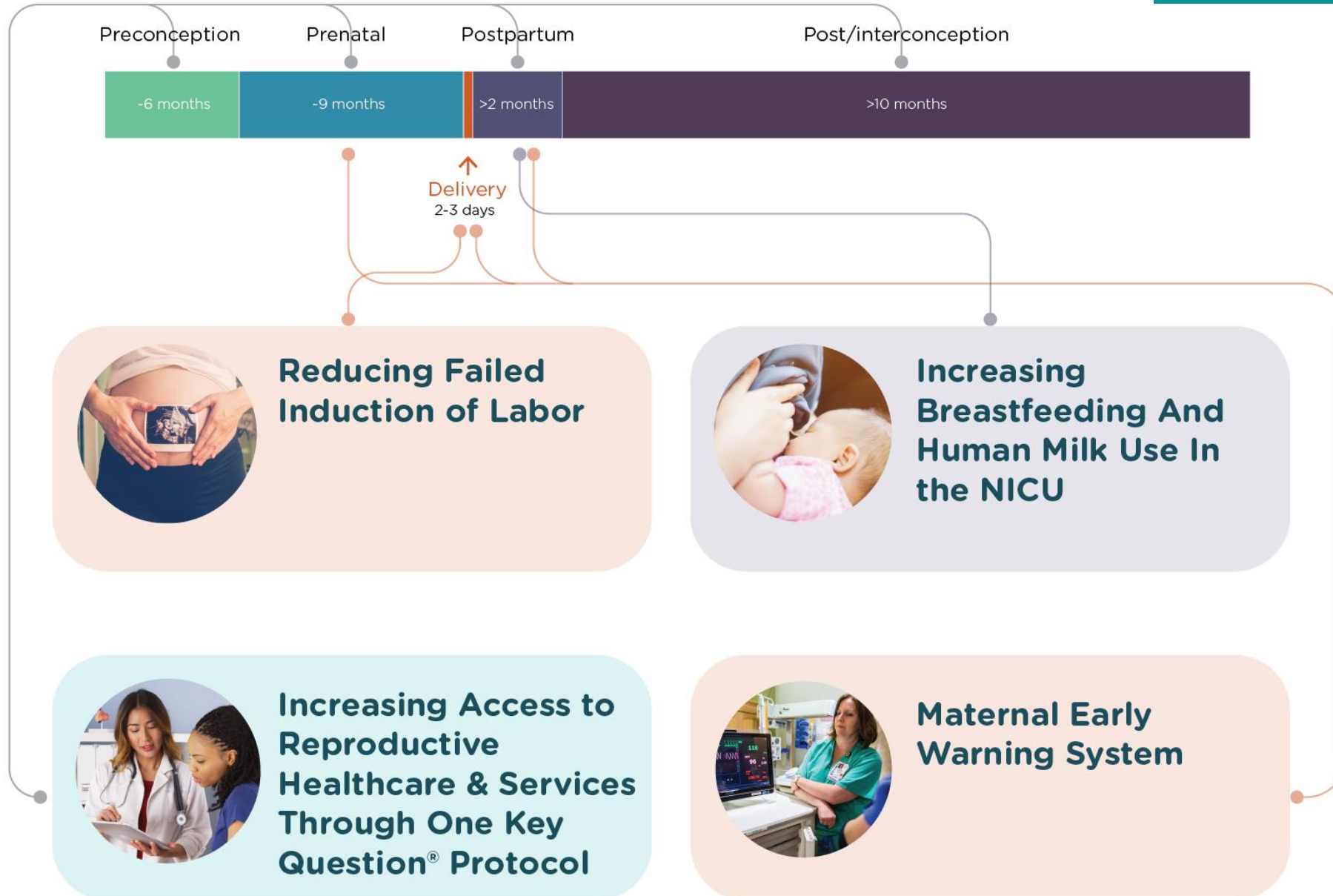
THA [Carrie Kroll](#)

TACHC [Jose Camacho, JD](#)

AWHONN [Shellie Nelson, MS, RN](#)

ACOG [C. Tony Dunn, MD, FACOG](#)

TPS: [Ben Raimer, MD](#)





↑
Delivery
2-3 days



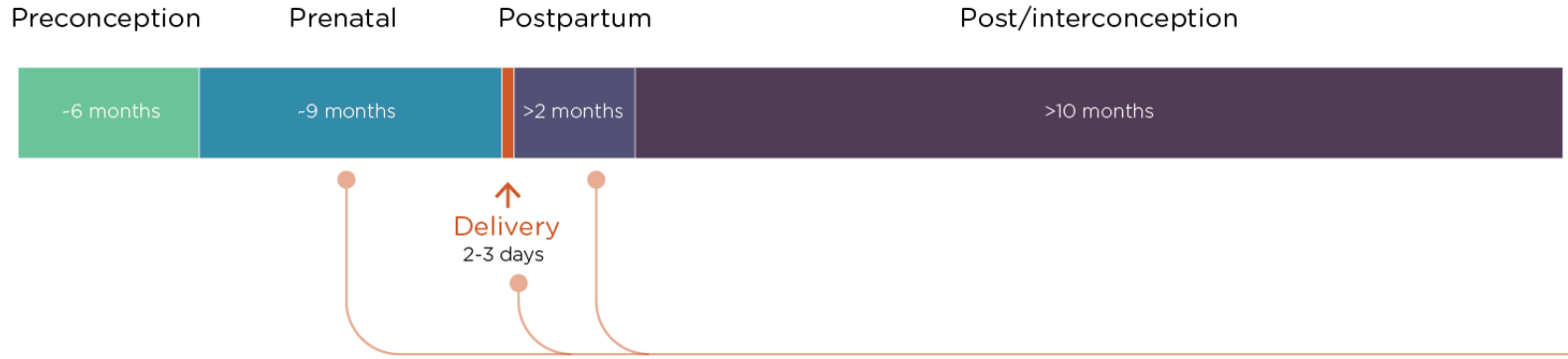
Reducing Failed Induction of Labor

3 hospitals are participating in the learning collaborative and are currently in the maintenance phase.



Increasing Access to Reproductive Healthcare & Services Through One Key Question[®] Protocol

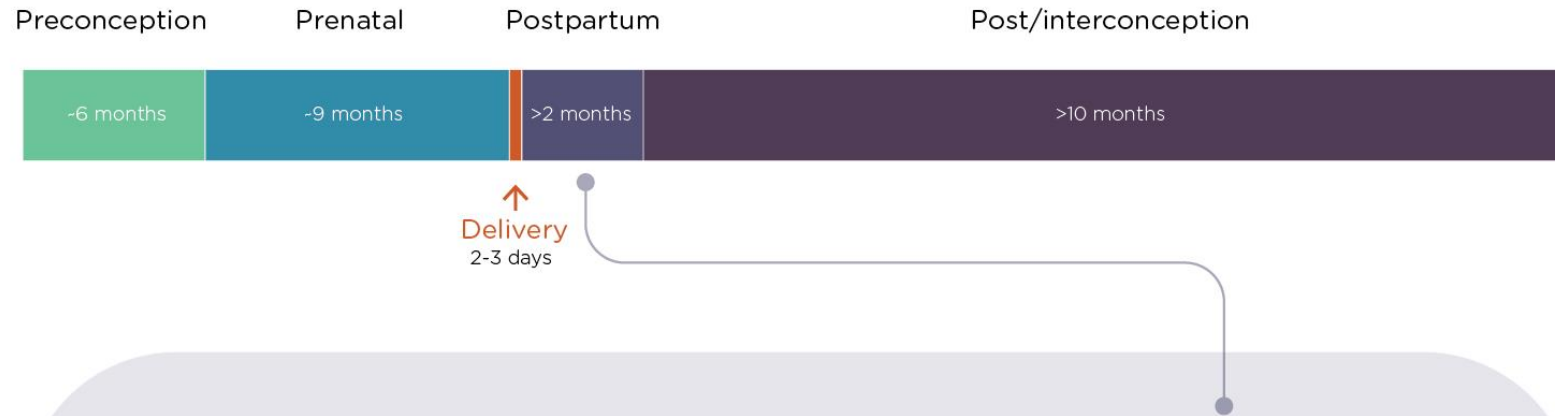
4 clinics participating in the first cohort.



Maternal Early Warning System

All 201 TexasAIM hospitals are part of the MEWS technical assistance cohort, which is a statewide effort.

13-15 hospitals may be included in a MEWS Reinforcement Cohort that will conduct a more rigorous QI project.



Increasing Breastfeeding And Human Milk Use In the NICU

15 hospitals with Level III & IV NICU
participating, covering 800 NICU
beds.

NICU Human Milk Feeding Bundle

- Begin hand expressing or pumping breastmilk 6 hours of birth
- Provide electric, hospital-grade pumps to breastfeeding mothers before discharge
- Administer colostrum as it is produced, either through oral care or feeding
- Track breast milk volumes daily to assist with establishment/maintenance of milk supply
- Utilize skin-to-skin daily and facilitate non-nutritive breastfeeding
- Facilitate transition from breastmilk feeding to direct breastfeeding before discharge
- Provide human donor milk for infants <1500g BW when mother's own milk is not available
- Establish and utilize a written infant Feeding Protocol for all infants in the NICU
- Conduct unit-wide education for nursing and medical staff in lactation support
- Provide education for parents on the importance of mother's milk

NICU Human Milk Project

- Year 1: Increase in use of donor milk for VLBWs
- Year 1 & 2: Increases in the percent of VLBW (<1500g) infants being discharged still receiving human milk
- Year 1 & 2: Increases in breastfeeding before discharge for infants >1500g

In Development:

Transition from NICU to Home

- The goal of this project is to improve the safety of transition from the NICU to home. The NICU infant is at risk for health related complications in the 1st year of life. A successful transition requires careful planning and preparation.
- As more NICU babies with complex medical needs are discharged to home, recent studies have shown that readmission rates of premature infants are on the rise, leading to further increases in healthcare expenditures.

Transition to Home

- ✓ Safe
- ✓ Timely
- ✓ Efficient
- ✓ Effective
- ✓ Equitable
- ✓ Patient and Family-Centered
- ✓ Socially and Financially Responsible

Additional Projects

Postpartum Access to Healthcare (PATH) PROJECT, Funded by St. David's Foundation

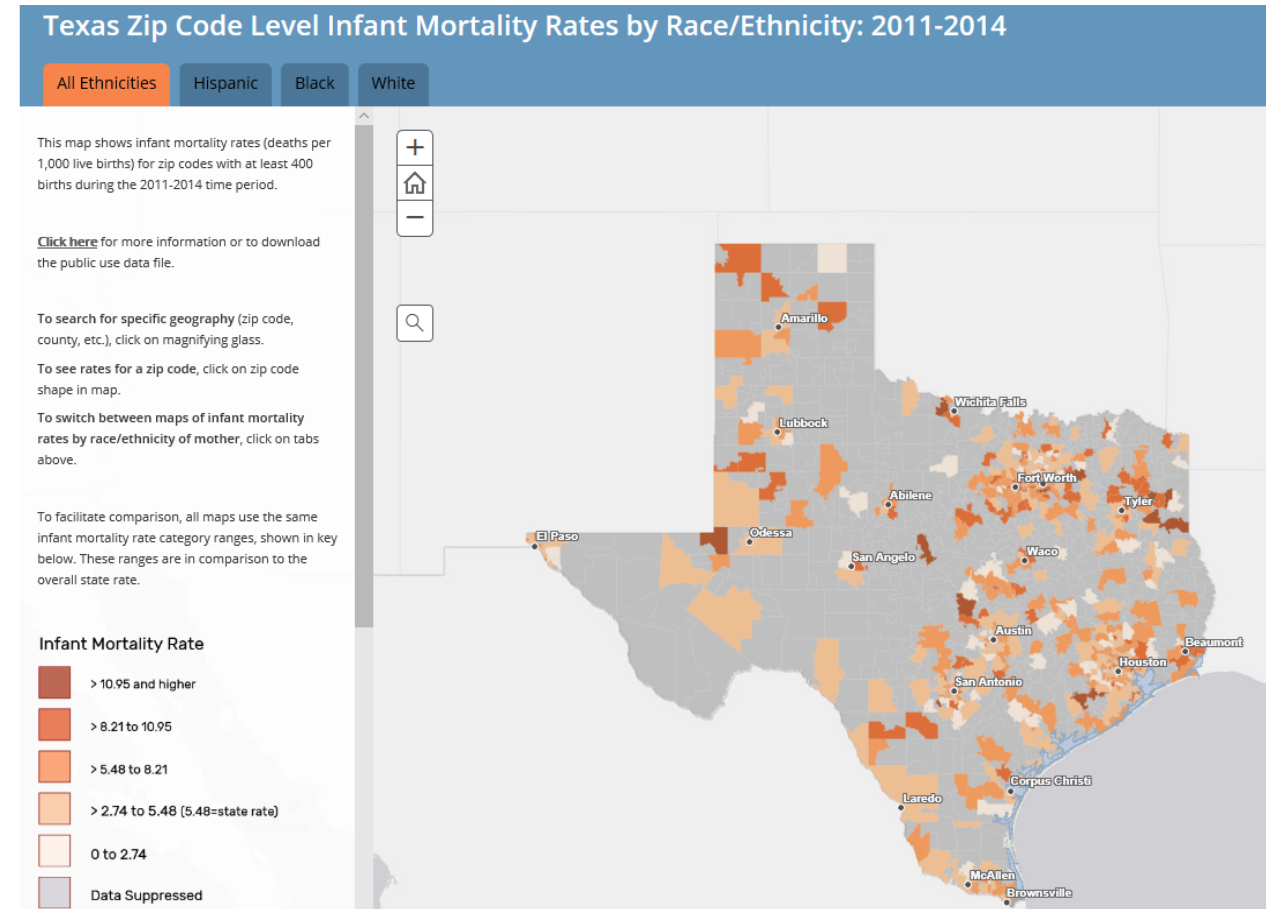
Long Acting Reversible Contraception Strategic Plan

Recommendations to the Legislature per direction of Rider 105, SB 1, 85th Legislative Session

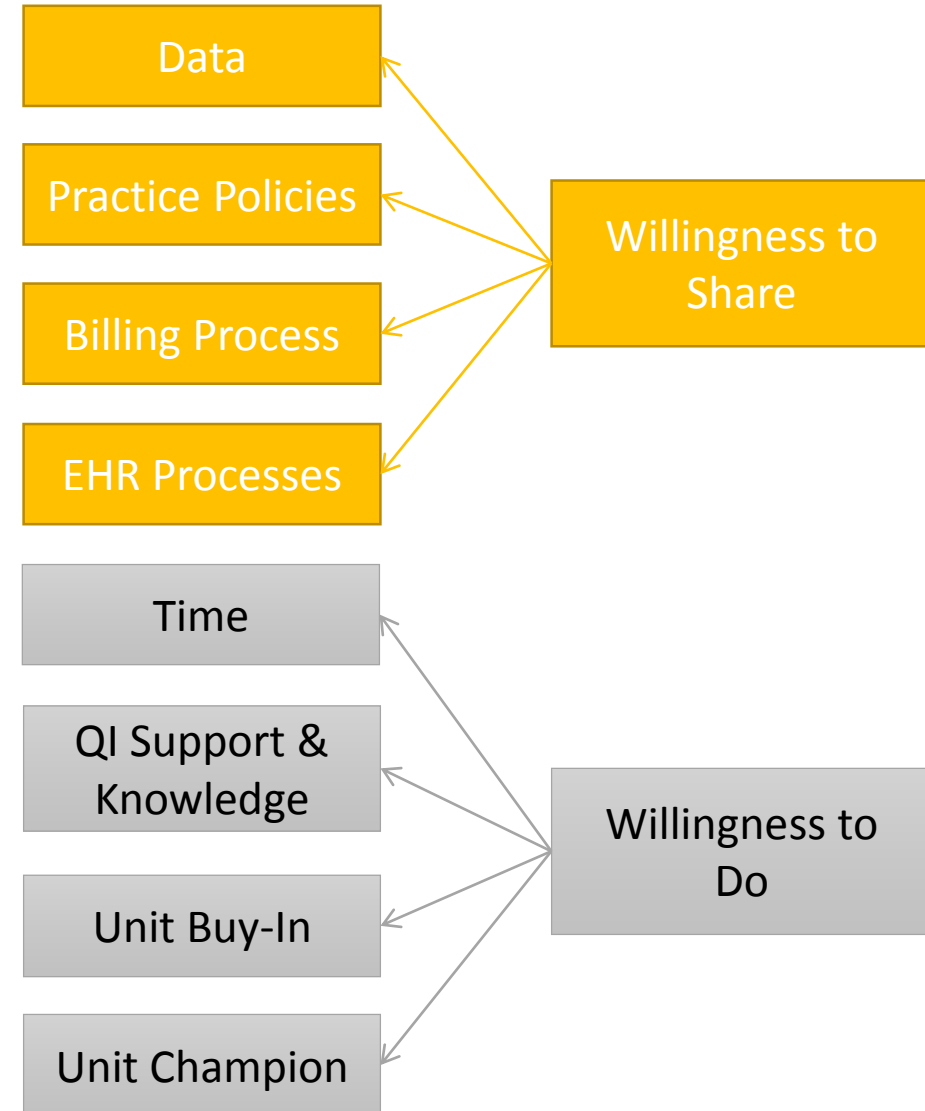
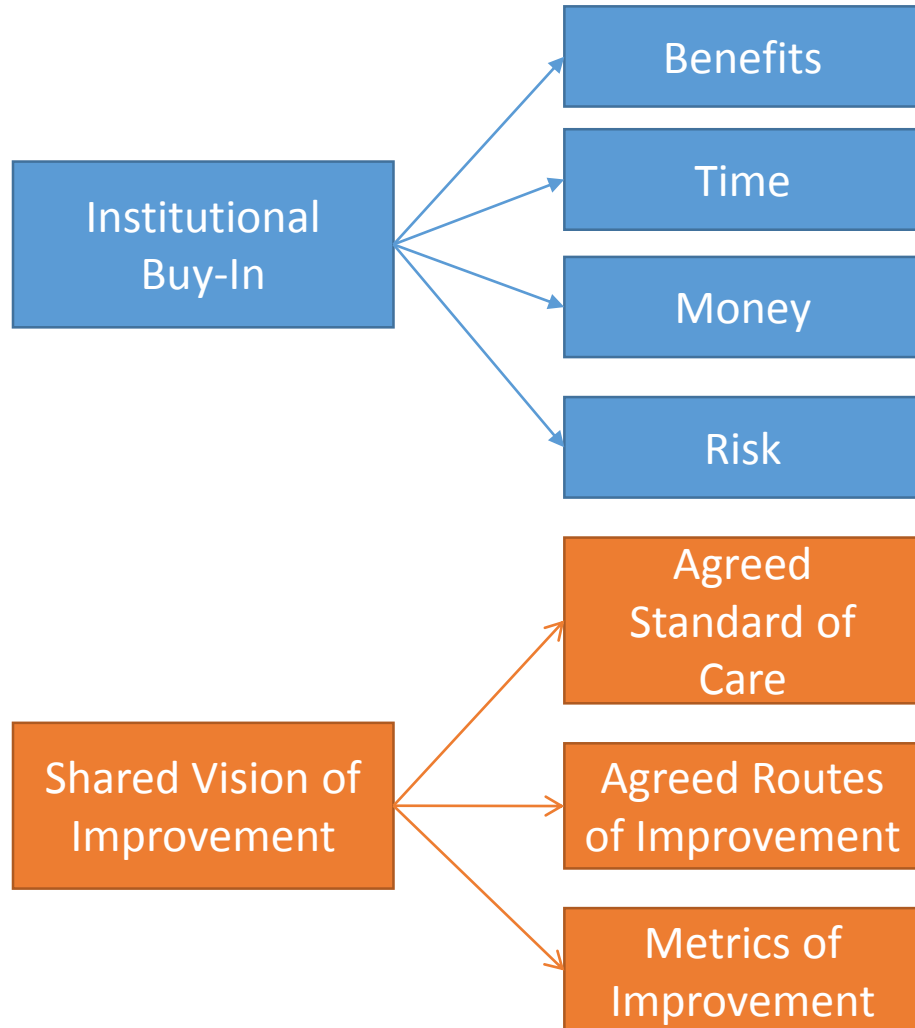
Several Peer Reviewed Publication

Small area mapping projects

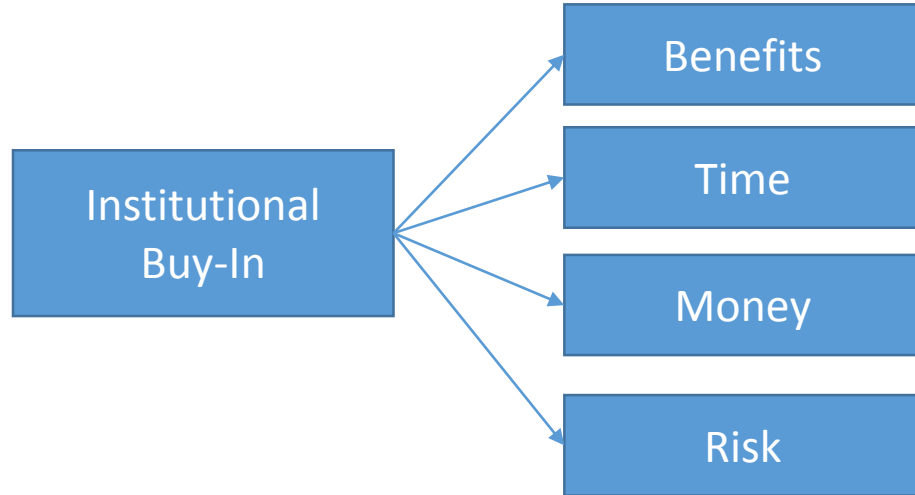
- 1) Infant Mortality in Communities Across Texas
- 2) Maternal Health Risk Factors in Communities Across Texas
- 3) Severe Maternal Morbidity in Communities Across Texas



Keys to Multi-Institution Quality Improvement

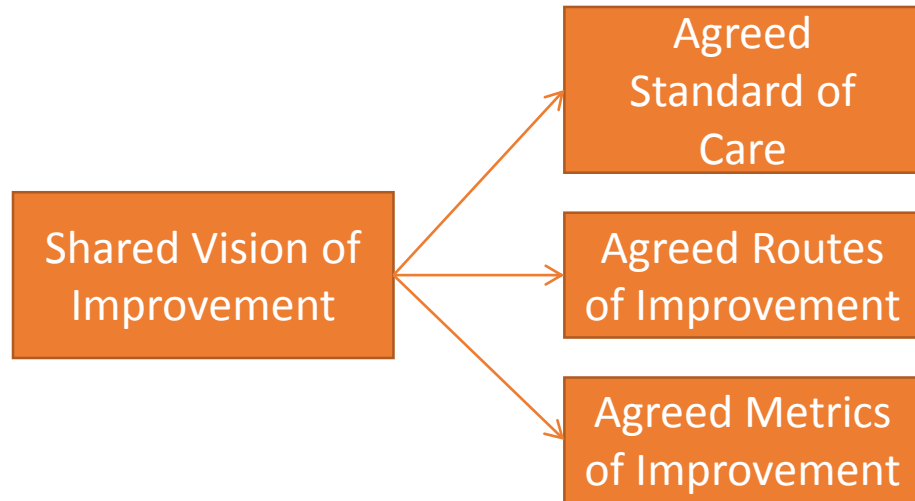


Keys to Multi-Institution Quality Improvement



- The QI Project needs to be beneficial to the institution
 - Affect Joint Commission or CMS performance measure
 - Reduce costs
- The structure of the QI project needs to protect the institution
 - Little risk to institution
 - Strict rules about data to protect institution

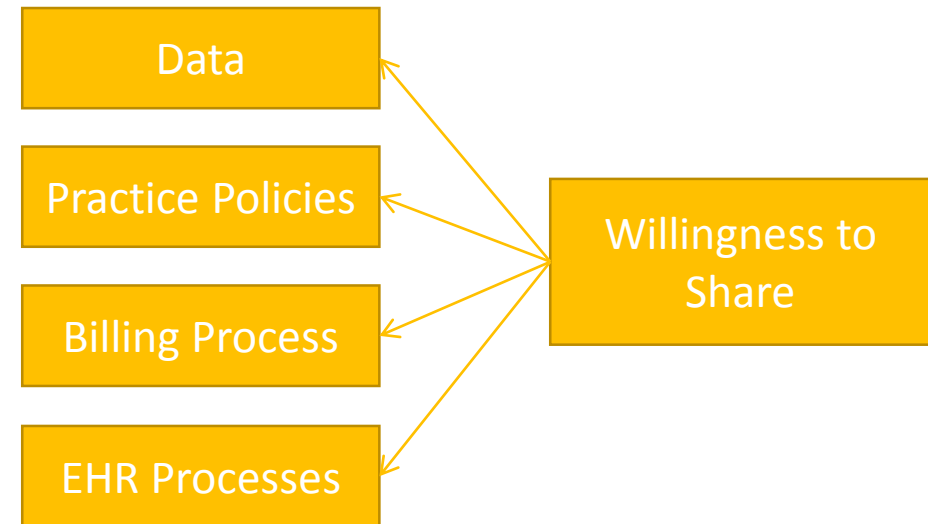
Keys to Multi-Institution Quality Improvement



- Basis of shared vision of improvement is a shared understanding that improvement can be made
- Should be a standard of care that help guide the goal
- Routes of Improvement become “bundles” that institutions can chose to work on
- Agreed upon metrics must be attainable by all

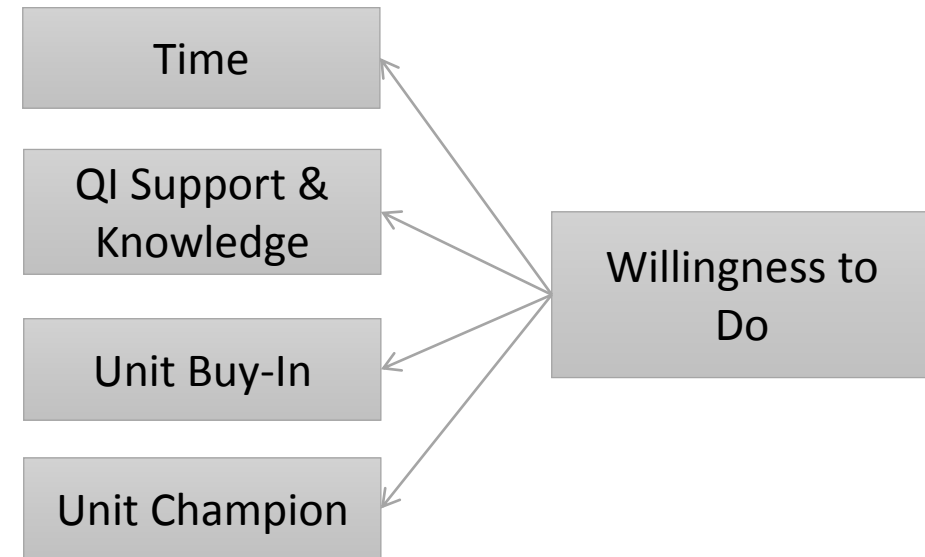
Keys to Multi-Institution Quality Improvement

- Institutions must be willing to share to improve
- These points of sharing, especially data, become the points that affect Institutional Buy-in



Keys to Multi-Institution Quality Improvement

- Without unit-level support and dedicated folks monitoring QI, it will not happen
- These dedicated folks, though, need to know how to do QI
- These dedicated folks need the time to do QI & participate in learning collaborative calls



Keys to Multi-Institution Quality Improvement

- It can be done quite well and successfully
 - VON Network: focused on very low birth weight infants, improvement in NAS treatment, care transition
 - Perinatal Quality Improvement collaboratives across the country
 - Association driven collaboratives (e.g. Children's Hospital Association)
 - Texas Collaborative for Healthy Mothers and Babies



Ways to start a collaborative

- It starts with good leadership
- Make your case→ Establish the “why”
 - Good health data
 - Good economic data/ ROI
 - Good stories
- Have somebody direct you to do what you want to do
 - Direction from the legislature
 - President of you institution
- Get institutional buy-in
 - Have institutional leadership approve/direct participation of members
- Think closely about composition of collaborative members
 - Multi-institutional and multi-disciplinary
 - Near front line in addition to leadership level
 - Patients
 - Diversity
 - Who can bring resources?



Ways to Keep the Collaborative Moving

- Define the Governance
- Define the mission, goals, aims
 - Make them accomplishable
- Resource it properly
 - Dedicated staff (hard to do anything big just by volunteers)
 - Data system
- Run meetings well
 - Start and stop on time
 - Agenda and meeting notes
 - Do not let anyone dominate the conversation
 - Establish a “Battle Rhythm” and accomplish tasks
 - Make it so people want to attend
- Early wins are a must
 - People must see progress or they stop coming
- Tell your story well
 - Newsletters
 - Webpage
 - Make it look professional



Thoughts on Funding

- **Role of planning grants**
 - Easier to get an entity to commit if they were part of the planning efforts
- **Funding opportunities**
 - **Institutional funds**
 - Would all participating institutions be willing to put in some funding?
 - **Business**
 - **Philanthropy**
 - **State or Federal Agency**
 - **Legislative**



Thank you!!

Questions or Comments?