IT Consortium Initiative

Purpose of project

- To set a series of collaborative meetings for brainstorming on IT projects, relying on research and best practices to inform meeting structure.

Opportunities

- Enhance the planning, coordination, and bi-directional communication of IT projects to ensure Managed Care Organizations (MCOs) and Dental Maintenance Organizations (DMOs) that provide ~ 97% of the coverage to Texas Medicaid enrollees have an opportunity to assist in informing project pathways and solutions.
  - Allow HHSC and MCO/DMOs to collaborate and coordinate on the implementation of major IT initiatives to ensure a more fluid, expeditious, and streamlined implementation of changes.
  - Allow for the engagement of healthcare industry experts with state and national Medicaid and CHIP expertise to:
    - Explore and present potential operational options and solutions
    - Facilitate a more inclusive and comprehensive review of risks and barriers
    - Mitigate and reduce delays and errors
    - Eliminate unintended consequences and minimize delays for project implementations
  - Reduce managed care provider abrasion, burden, and confusion by coordinating changes and improving/increasing communication to ensure consistent implementation and operational timelines across all entities.
- Because HHSC and TMHP operate systems that differ from those used by the MCOs and DMOs, changes and proposed solutions to accommodate those systems sometimes lead to unexpected, adverse downstream impacts. Improved collaboration and communication will head off adverse downstream impacts.
- Improve the use of resources and reduce redundant meetings and nonviable project pathways.
  - Develop open and interactive, effective two-way communication on IT projects during the planning process.
  - Ensure appropriate state and managed care subject matter experts are available.
  - Encourage appropriate MCO/DMO experts are engaged to respond to state requests and offer operational and programmatic consideration on project implementations.
- Reduce the need for project rework and delays.

Business case

- Proactive, effective collaboration between HHSC, MCOs, and DMOs will focus project scope to maximize efficiency, preserve resources, and improve project outcomes.
- Managed care is ~ 97% of the Medicaid market. It's vital that these systems are usable for the managed care plans and providers who will be using them.

- Practices vary by MCO/DMO: system configuration, provider contracting, etc.
  - Seeking the managed care plans' input to determine if solutions will function appropriately will ensure systems and requirements are pertinent to Medicaid and CHIP work for managed care.
  - Not all managed care practices are prescribed in HHSC's contracts and handbooks; improving communications will help determine the full impact to the plans, providers, and members (in addition to other strategies such as state/federal policy review, etc).
- Vetting concerns in a focused and controlled environment will ensure issues are captured succinctly and addressed.
  - Questions may be taken back to vet with a group of health/dental plans, to ensure major differences between the plans are accounted for (if a wider audience is needed for input than at IT Consortium meetings).
  - Discussing possible solutions with managed care experts will identify, and ultimately prevent, barriers as projects progress.

Meeting structure

Frequency

- Prior to design of IT projects– for example, managed care plans can inform on what the statement of work should contain to ensure project success.
- Before the initiation of project implementation (prior to kickoff meetings)– to collaborate on scope, impacts, timeline, etc.
- At a regularly determined interval throughout implementation projects.
  - This will likely be specific to each project, informed by project scope and level of concern/impact.
- Ad hoc meetings as issues arise– for example, PEMS targeted testing, address remediation.
  - HHSC or TAHP consortium leads will communicate the need for an ad hoc meeting.

Makeup

- To be functional, meetings should be as small as possible.
  - According to the Harvard Business Review, "Robert Sutton, a professor of organizational behavior at Stanford University, looked at the research on group size and concluded that the most productive meetings contain only five to eight people."
    - The consortium will aim for the smallest number of attendees, while ensuring adequate representation of subject matter experts from managed care plans and the state.
  - Limiting attendees to those who are essential to inform on agenda topics will ensure the best use of resources.

- ■ Some of HHSC's larger IT meetings have over 100 attendees and, due to size, not all of the staff who attend are able to actively contribute.
  - ○ Small groups help build a sense of intimacy that opens the floor to effective, meaningful, and candid discussion. Fewer people means more time to listen to and consider the perspective of each meeting attendee.
- Each stakeholder area with a vested interest in the project(s) being discussed should send an attendee who's knowledgeable on the project and has the authority to inform, discuss, and make decisions on the project's pathway on behalf of their area.
  - ○ Ideally not more than one, possibly two, reps per area.
  - ○ For example, the PEMS project may have attendees from HHSC (Ops, Claims, Encounters, Policy, MCCO, PES, IT), TMHP (project lead, IT staff, Enrollment Broker or other state contractor(s)), and volunteer MCO/DMOs' IT or Ops departments.
  - ○ TAHP will survey the health and dental plans for attendees.
- Meeting attendees will vary based upon agenda topics to ensure the appropriate subject matter experts attend.
- Duration: one hour, unless otherwise noted.
- HHSC sends the meeting invites, TAHP sends HHSC a list of MCO/DMO invitees no later than one week prior to the meeting.
- TAHP and HHSC both designate an IT Consortium project lead to serve as their primary point of contact.
- HHSC and TAHP take turns facilitating, to foster collaboration and the notion that we all have a stake in the success of IT projects.

Agenda

- HHSC, MCOs, DMOs, and TAHP collaborate on agenda topics.
  - ○ Both HHSC and TAHP will solicit agenda topics from the state and the plans, respectively.
  - ○ TAHP will send the plans' requested topics over to HHSC.
    - ■ If needed, HHSC and TAHP will hold a short pre-planning meeting to solidify the agenda.
- Agenda should be solidified prior to the scheduled meeting, ideally no less than two to four weeks prior to the meeting so TAHP/HHSC can coordinate attendance from state and plan staff.
  - ○ Ad hoc meetings may require a compressed time frame.

Metrics

- Establish and utilize pathways for open communication and collaboration.
  - ○ HHSC, TAHP, or TACHP will identify the need for an IT Consortium meeting (due to a new implementation project or issue with an ongoing project), and initiate the process by contacting the TAHP and HHSC IT Consortium project leads.
- Reduced abrasion

- ○ A reduction of multiple plans airing the same concerns over a period of time, indicating those concerns are widespread and ongoing.
- More effective meetings and project implementations
  - ○ Project meetings will follow the agenda, concerns are addressed succinctly.
  - ○ Use of a project manager or similar dedicated resource that is knowledgeable of the subject matter being discussed when possible.
  - ○ Timeframes, when identified collaboratively, are achieved.
  - ○ Stakeholders express confidence in understanding IT projects.
- The plans feel as though they are given an opportunity to provide input on IT projects and that newly implemented systems will work for them, their providers, and their members.
- Identify and abate any negative downstream impacts for HHSC, different HHSC areas, and MCO/DMOs.

Risks, constraints, and assumptions

Risks

- Non-substantive topics, issues and discussions will likely not achieve the desired outcome. Frank discussions are needed.
- Fluidity of adjusting topics and attendees for each meeting will require an organized and intentional effort.
  - ○ This may be a challenge for ad hoc meetings.

Constraints

- Availability of information to bring forward for consideration based on the project stage. For example, any materials related to an open procurement or active contract which are not able to be released may limit how the plans are fully informed on a matter.
- Lack of historical knowledge over various implementation projects as attendees are changed per agenda topics.

Assumptions

- The structure and makeup of meetings may need to be adjusted as the consortium evolves.
  - ○ IT Consortium project leads will work together to determine changes to the meeting structure, as needed.
- HHSC will identify and bring forward projects which may require system changes in order for the group to identify issues that require cross-collaboration for discussion and troubleshooting.
- All parties will treat the consortium attendees with professional courtesy and respect. Any attendee who fails to follow this guidance may be replaced or removed.
- HHSC will incorporate the plans' input where feasible.