Going Beyond DSRIP Milestones: Improving Health and Transforming Care in RHP 6

Carol Huber, MBA
Director, Regional Healthcare Partnership
Medicaid 1115 Waiver Overview

Approved $29 billion
5 years
2011 - 2016

Approved $7.75 billion
15 months
Through Dec 2017

Requesting ~$10.8 billion
21 months?
Through Sept 2019

Expanded Medicaid managed care statewide and created incentive pools:
- Uncompensated Care (UC)
- Delivery System Reform Incentive Payment (DSRIP)

Extensions continue programs at level funding and focus on:
- Outcomes
- Sustainability
- Transition to quality-based payment systems across managed care and providers
Each DSRIP project earns financial incentives tied to performance on activities and outcomes.

Providers are collaborating to achieve the “Triple Aim” and address community needs.

- Patient navigation, care coordination, and behavioral health services
- School-based health, prevention, after-hours care, and mobile services
- Telemedicine and integration of clinical services
DSRIP Path to Success

**Inputs**
- Providers
- Money
- Staff
- Facilities
- HHSC/CMS
- Policy
- Stakeholders

**Activities**
- Projects
  - Serve patients
  - Share data and lessons learned
  - Partner across sectors

**Short/Medium Term Outcomes**
- PPE
- Patient satisfaction
- Cost of care
- Capacity
- Quality measures

**Long Term Outcomes**
- Mortality
- Health Status
- Years of Potential Life Lost
- Health Equity

Address social determinants
Achieve a collaborative cross-sector integrated system of care
RHP 6 Quantifiable Patient Impact (QPI)

**Individuals**

<table>
<thead>
<tr>
<th></th>
<th>DY3</th>
<th>DY4</th>
<th>DY5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved</td>
<td>138,445</td>
<td>224,573</td>
<td>233,143</td>
</tr>
<tr>
<td>Goal</td>
<td>105,119</td>
<td>153,540</td>
<td>267,757</td>
</tr>
</tbody>
</table>

**Encounters**

<table>
<thead>
<tr>
<th></th>
<th>DY3</th>
<th>DY4</th>
<th>DY5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved</td>
<td>314,684</td>
<td>429,462</td>
<td>408,895</td>
</tr>
<tr>
<td>Goal</td>
<td>166,037</td>
<td>251,408</td>
<td>500,452</td>
</tr>
</tbody>
</table>

HHSC QPI summary file as of 3/24/17
RHP 6 DSRIP Milestones Achieved

Process & Improvement Milestones Achieved - DY5
- Patients served
- Encounters provided
- Staff/providers hired & trained
- Quality improvement initiatives

Outcome Targets Achieved – DY5
- Diabetes care and control
- Readmissions
- Cancer screenings
- Dental care
- Patient satisfaction
- Blood pressure control
- Preventive Care
DSRIP Funds Earned by RHP 6 Providers

Bexar County Public Entities
Value: $768.7M

Total paid

Funds Remaining

Rural Hospitals
Value: $88.8M

Bexar County Private Hospitals
Value: $211M

Community Mental Health Centers
Value: $40.9M

Statewide: $10.7 billion in DY1-6 paid to date as of July 2017

Includes IGT
Let’s Go Beyond DSRIP Milestones
Transformation through Collaborative Learning

DSRIP Road Trips

Addressing the “Other 80%”

Community United to End Tuberculosis

Care Coordination

Partnership with TMF Health Quality Institute

Care Coordination Resource Tool

ACES

Sustainability

Cost Analysis

MCO Alignment
Transformation through Alignment, Integration, and Innovative Payment Models
Transformation through Planning for Sustainability

• It takes more than money.

https://sustaintool.org/
Transformation through an Expanded Perspective

Health starts where we live, learn, work and play.

WHAT MAKES US HEALTHY?

- 20% Health Behaviors
- 20% Clinical Care
- 5% Genes and Biology
- 55% Social and Economic Factors

Need greater focus and investment here

Adapted from http://www.cdc.gov/socialdeterminants/FAQ.html
Regional Healthcare Partnership 6 Plan

Update (posted 9/18/2017)

Updated Community Needs Assessment – As part of the DY6 DSRIP requirements, and in preparation for the transition to Demonstration Years 7 and 8 (if approved by CMS), Regional Healthcare Partnerships are required to update their Community Needs Assessments. We are pleased to share with you RHP 6’s draft Community Needs Assessment Update for DY6. We need your input! We invite you to review the draft and share your feedback and insights by completing this survey. The survey will close October 31, 2017. Thank you!

University Health System submitted the RHP 6 Plan to HHSC on December 21, 2012. HHSC provided feedback to the region on February 6, 2013. A revised RHP 6 Plan, which includes updates in response to HHSC’s feedback, was submitted to HHSC on March 8, 2013. The Centers for Medicare and Medicaid Services (CMS) has initially approved the plan and projects for Demonstration Years 2 – 3.

To download the March 2013 plan, click here.
County Health Factors Ranking - 2017

- Kendall: 3
- Gillespie: 6
- Comal: 10
- Bandera: 20
- Wilson: 23
- Guadalupe: 28
- Kerr: 31
- Bexar: 38
- Kinney: 76
- Medina: 91
- Edwards: 113
- Atascosa: 129
- Real: 159
- Val Verde: 173
- Dimmit: 183
- Uvalde: 185
- La Salle: 186
- Frio: 194
- Zavala: 240

County Health Outcomes Ranking - 2017

- Kendall: 10
- Comal: 18
- Bandera: 21
- Gillespie: 25
- Guadalupe: 27
- Wilson: 29
- Medina: 54
- Kinney: 59
- Val Verde: 67
- Bexar: 78
- Kerr: 88
- La Salle: 123
- Edwards: 128
- Atascosa: 157
- Uvalde: 159
- Dimmit: 198
- Zavala: 231
- Frio: 236
- Real: 241
Key Findings?

- 8% population growth
- Patient experience scores: ↑
- Patient access & provider capacity: ↑
- Lower insurance rate than Texas
- Fewer counties are HPSA
- Tobacco use: ↓
- High child immuniz rates

Share your Input & Insights
Key Findings?

- **Sexually transmitted infections**
- **Quality of Care**
- **High maternal mortality in Texas**
- **At-risk for obesity**
- **Poor health literacy**
- **Injuries due to vehicle accidents**
- **Health inequities**

Share your Input & Insights
RHP 6 Community Needs Addressed through 124 DSRIP Projects and Collaboration

- **51** projects • Improve the quality and safety of care delivered in clinical settings
- **58** projects • Prevent and/or improve the management of chronic conditions
- **52** projects • Improve access to medical and dental care
- **42** projects • Improve access to and integration of mental and behavioral healthcare
- **5** projects • Improve maternal and child health
- **4** projects • Prevent infectious and vaccine-preventable diseases

*Projects may address more than one community need.*
Let’s Go Beyond

DY 6
We picked Cat 1 or 2 “projects”

We implemented projects 60% upon completion

We selected outcome measures related to the projects 30% upon achievement

HHSC approves selections and plan mods

Proposed for DY7-8
“Preparing” for DY 7 & 8

- Update Community Needs Assessment
- Protocol development and approval
- Outcome Measure Baseline Period (CY 2017)
- Obtain CMS approval for continuation!

If approved by CMS, DY 7 started October 1, 2017

Core activities
- Outcome measures (CY 2018)

DY 7-8 RHP PLAN UPDATE
DUE April 30, 2018

* All subject to change
**Measure Bundles for Hospitals & Physician Practices**

<table>
<thead>
<tr>
<th>Bundle ID</th>
<th>Hospital &amp; Physician Practice Measure Bundles</th>
<th>Base Points</th>
<th>Possible Additional Points</th>
<th>Maximum Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Improved Chronic Disease Management: Diabetes Care</td>
<td>11</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>A2</td>
<td>Improved Chronic Disease Management: Heart Disease</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>B1</td>
<td>Care Transitions &amp; Hospital Readmissions</td>
<td>6</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>B2</td>
<td>Patient Navigation &amp; ED Diversion</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>C1</td>
<td>Primary Care Prevention - Healthy Texans**</td>
<td>9</td>
<td>N/A</td>
<td>9</td>
</tr>
<tr>
<td>C2</td>
<td>Primary Care Prevention - Cancer Screening &amp; Follow-Up**</td>
<td>6</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>C3</td>
<td>Hepatitis C**</td>
<td>3</td>
<td>N/A</td>
<td>3</td>
</tr>
<tr>
<td>D1</td>
<td>Pediatric Primary Care</td>
<td>12</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>D3</td>
<td>Pediatric Hospital Safety**</td>
<td>6</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>D4</td>
<td>Pediatric Chronic Disease Management: Asthma</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>D5</td>
<td>Pediatric Chronic Disease Management: Diabetes</td>
<td>6</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>E1</td>
<td>Improved Maternal Care</td>
<td>12</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>F1</td>
<td>Improved Access to Adult Dental Care</td>
<td>6</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>F2</td>
<td>Preventive Pediatric Dental†</td>
<td>2</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>G1</td>
<td>Palliative Care**</td>
<td>6</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>H1</td>
<td>Integration of Behavioral Health in a Primary or Specialty Care Setting</td>
<td>8</td>
<td>N/A</td>
<td>8</td>
</tr>
<tr>
<td>H2</td>
<td>Behavioral Health and Appropriate Utilization</td>
<td>9</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>H3</td>
<td>Chronic Non-Malignant Pain Management**</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>H4</td>
<td>Integrated Care for People with Serious Mental Illness**</td>
<td>3</td>
<td>N/A</td>
<td>3</td>
</tr>
<tr>
<td>I1</td>
<td>Specialty Care**</td>
<td>2</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>J1</td>
<td>Hospital Safety**</td>
<td>10</td>
<td>N/A</td>
<td>10</td>
</tr>
<tr>
<td>K1</td>
<td>Rural Preventive Care†</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>K2</td>
<td>Rural Emergency Care*</td>
<td>3</td>
<td>N/A</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Possible Points</strong></td>
<td><strong>150</strong></td>
<td><strong>31</strong></td>
<td><strong>181</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Can only be selected by hospitals with a valuation at or below $2,500,000 per DY

**Measure Bundles with no required or optional 3 point measures

† Measure Bundles with an optional 3 point measure and no required 3 point measure

Version 3 posted 9/29/17 along with draft measure specifications
Perspectives on Selecting Outcome Measures

- Community need
- Opportunity for improvement
- Size of population
- Likelihood of success
- Availability of data
- Alignment with other programs
Are we ready to go beyond?

- Waiver extension?
- Identify and address social risks?
- Cross-sector collaboration?
- Health equity?
- Alternative Payment Models / Value Based Purchasing?
- Uncompensated Care / Coverage expansion?