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Current & Future DSRIP Update

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DSRIP Updates



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- DSRIP 1.0 Success
- DSRIP 2.0 April DY8 Preliminary Reporting Results
- DSRIP in DY8
- Planning for DY9-10



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DSRIP 1.0 Successes

DSRIP 1.0

- Demonstration years (DY) 2 – 6
- Project based reporting with some associated outcomes



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Common Types of DSRIP 1.0 Projects

- For DSRIP 1.0, each provider proposed projects based on community needs.
- Most common project areas
 - Behavioral Health
 - Primary Care Expansion/Redesign/Patient Centered Medical Homes
 - Patient Navigation/Care Coordination/Care Transitions
 - Chronic Care Management
 - Health Promotion/Disease Prevention



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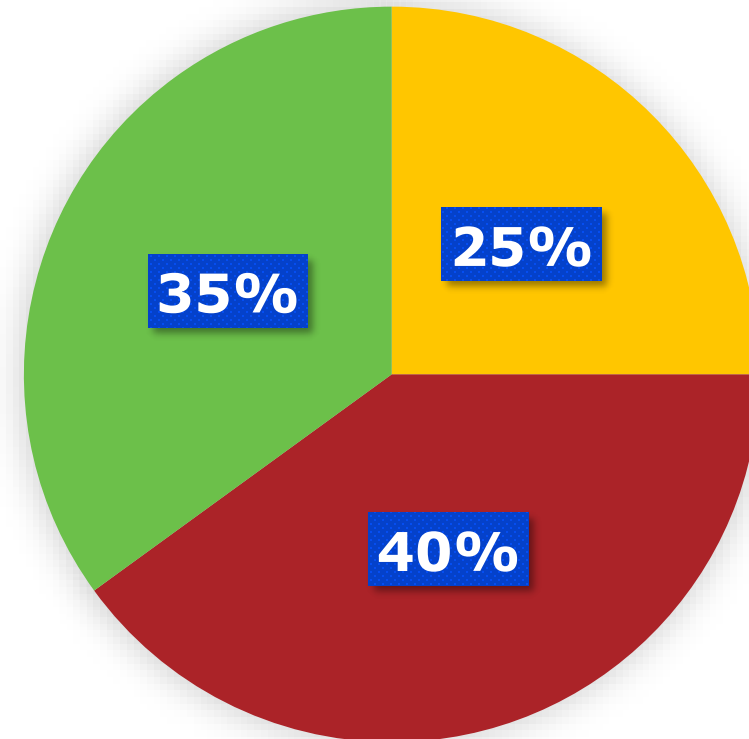
DSRIP 1.0: Increased Access to Care

- For demonstration years 3-6, DSRIP projects served 11.7 million people and provided 29.4 million encounters (projects either measured individuals or encounters, figures may be duplicated across projects). Of that impact, about 40% was low-income/uninsured individuals.



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Share of DSRIP Quantifiable Patient Impact, DY3-6



■ Medicaid ■ Low-Income/Uninsured ■ Other

DSRIP 1.0: Improvement in Measures of Healthcare Quality (Category 3)



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| Provider Type | Total Measures with P4P in DY6 | 100% Achievement of DY6 Goal | 25% - 75% Achievement of DY6 Goal |
|--------------------------------|--------------------------------|------------------------------|-----------------------------------|
| Hospital | 1151 | 78% | 8% |
| Physician Practice | 212 | 74% | 13% |
| Community Mental Health Center | 328 | 84% | 10% |
| Local Health Department | 100 | 88% | 5% |
| ALL | 1792 | 79% | 9% |

DY6 Category 3 Outcome Highlights



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| Measure | Projects with Selected P4P Outcome | Projects Reporting 100% Achievement of DY6 Goal | Projects Reporting 25% - 75% Achievement of DY6 Goal | Median Improvement* |
|---|------------------------------------|---|--|---------------------|
| IT-1.10: Diabetes care: A1c Control >9.0% | 103 | 83% | 5% | 23% |
| IT-1.7: Controlling high blood pressure | 72 | 89% | 0% | 23% |
| IT-10.1.a.v: Pediatric Quality of Life Inventory (PedsQL) | 28 | 96% | 0% | 26% |
| IT-1.22: Asthma Percent of Opportunity Achieved | 15 | 93% | 0% | 43% |
| IT-8.19: Post-Partum Follow-Up and Care Coordination | 13 | 100% | 0% | 75% |
| IT-1.18: Follow-Up After Hospitalization for Mental Illness | 25 | 84% | 8% | 42% |

*Median gap closure in Performance Year (PY) 3B between baseline and perfect for outcomes reporting >25% achievement of the DY6 goal in PY3B



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DSRIP 2.0 April DY8 Preliminary Reporting Results

DSRIP 2.0

- Demonstration Year 7 - 10
- Beginning in DY 7 (October 1, 2017), DSRIP evolved from project-level reporting to provider system-level reporting on healthcare quality measures.



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DSRIP 2.0 Most Selected Quality Measures



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- Improved chronic disease management (diabetes and heart disease)
- Primary care and prevention
- Patient navigation, care transitions and emergency department diversion
- Improved maternal care and safety
- Pediatric Measure Bundles:
 - Primary Care
 - Asthma
 - Diabetes
 - Hospital Safety
- ~2800 measure selections being reported statewide

April DY8 *Preliminary* Category C Results



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- April 2019 was the first opportunity to report performance data for selected Category C measures.
- Based on preliminary reporting numbers, of the more than 2000 measures with a standard CY2017 baseline that reported Performance Year (PY) 1 in April DY8,
 - 76% Reported 100% Achievement of the DY7 goal
 - 5% reported 25 – 75% Achievement of the DY7 goal

April DY8 *Preliminary* Category C Results

Pediatric Specific Measure Bundles



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- Pediatric Specific Measure Bundles D1, D3, D4, D5
 - 156 Measures with a CY2017 baseline reported PY1
 - 72% reported 100% achievement of the DY7 Goal
 - 6% reported 25% - 75% achievement of the DY7 Goal
 - Pediatric Measures with 100% achievement of DY7 goal reported in DY8R1 (to date)
 - Immunization for Adolescents
 - HPV Vaccination (Age 15 – 18)
 - Tobacco Use and Help with Quitting among Adolescents
 - Asthma Pharmacologic Therapy for Persistent Asthma



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DSRIP in DY8

Category A: Costs & Savings

- Providers with valuation of at least \$1 million per DY are required to do this analysis
- Analysis is done on at least one Core Activity of provider's choice
 - Report on forecasted or generated savings of that Core Activity
 - Providers can also analyze a component of a Core Activity, if it is too broad
- Analysis should include costs and savings specific to the provider's organization, and other providers if the information is available and if it is relevant to the intervention that is being examined



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Costs & Savings: Why do we need it?

- Providers can use this analysis to negotiate with Medicaid Managed Care Organizations or any other payers
 - Can be used to support Alternative Payment Model arrangements
- Providers can use this analysis internally for a decision-making process
 - Report on forecasted or generated savings of that Core Activity
- Reporting may be used for analysis that could help inform future policy
 - Identification of Core Activities that have a positive return on investment



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Costs & Savings: Guidance

- HHSC released its Cost and Savings Reporting Guidance in August of 2018
 - It is posted on the bulletin board under Category A resources
 - Updated guidance expected soon
- Providers can do a Cost-Benefit Analysis (CBA) or Return-on-Investment (ROI) analysis
 - ROI measures attractiveness of an investment
 - CBA attempts to quantify both costs and benefits to an impacted population
- Providers should contact HHSC if they have strong examples that can be shared with other providers.



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Costs & Savings: Reporting

- October DY7 reporting included a status update; and October DY8 – final analysis
- DY7 reporting
 - Providers answered questions related to Cost and Savings analysis tool, selected Core Activity, and identified challenges
- DY8 Reporting
 - Complete attachment A: Costs and Savings Narrative Template
 - A completed Costs and Savings tool
- If a provider analyzes multiple Core Activities, each activity should have a corresponding tool and a separate narrative



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Category C Interim Corrections

- The interim correction period is an opportunity to submit corrections to previously reported Category C data outside of the April or October reporting periods.
- Providers can submit corrections if needed to previously reported baselines and/or performance year data during the Interim Correction Period.
- The next interim correction period will be July/August.



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October DY8 Reporting

1. Category A Required Reporting (Cost & Savings, Core Activities, VBP, Learning Collaborative Attendance)
2. Category B PPP
3. Category C
 - a. PY1 if not already reported
 - b. RY2 for Innovative Measures
 - c. AIMPlus Participation Reporting for E2-A01
4. Category D
 - a. Reporting Domains not submitted in April DY8



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Planning for DSRIP DY9-10

DY9-10 Program Funding & Mechanics Protocol (PFM)



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- The same overall framework has been requested for Categories A, B, C, and D
- PFM was submitted to CMS in March
- HHSC is currently negotiating with CMS on the PFM approval
- Approvals for DY9-10 Protocols are separate from the DSRIP Transition Plan

DY9-10 Measure Bundle Protocol (MBP)

- Draft Measure Bundle Protocol will be available for public comment in early June.
 - Webinar on MBP: Monday June 10th 10 AM
 - Feedback via survey currently due June 27th
- No Changes to the overall Measure Bundle Structure.
- Changes to “Innovative” measures and AIMPlus Quality Improvement Collaborative to move towards P4P reporting.
- HHSC must submit the DY9-10 MBP to CMS by 7/31/19.



Related Strategies

- HHSC has proposed adding reporting on the implementation status of “Related Strategies” for DY9/10.
- The checklist may be used to examine related strategies across providers that may be linked to higher Category C achievement and may inform DSRIP evaluation.
- Related Strategies are tied to Category C Measure Bundle and measure selection, and are intended to capture broad improvement strategies (not limited to strategies implemented explicitly for DSRIP)



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Related Strategies Reporting

- Hospitals and physician practices will report on Related Strategies Lists as determined by Measure Bundle selection.
- Measure Bundles with similar interventions, care settings, and/or populations are associated with a single Related Strategies List.
- Within each Related Strategies List, the individual Related Strategies are organized into the following Themes: *Access to Care, Care Coordination, Data Analytics, Disease Management, and Social Determinants of Health.*
- Performing Providers are required to report on Related Strategies in the DY9-10 RHP Plan Update, and update reporting as part of the DY9 and DY10 Category C reporting milestones.



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Example of Related Strategies

- Related Strategies List: Pediatric Primary Care & Chronic Disease Management (Reported as a single list for Measure Bundles D1, D4, and DY5)

| Examples of Related Strategies | Theme |
|---|-------------------------------|
| Telehealth to provide virtual medical appointments and/or consultations with a primary care provider | Access to Care |
| Mobile clinic or other community-based delivery model to provide care at school(s) | |
| Culturally and linguistically appropriate care planning for patients | Care Coordination |
| Formal closed loop process for coordinating transition from peds to adult care | |
| Database or registry to track quality and clinical outcomes data on patients | Data Analytics |
| Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc. | Disease Management |
| Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.) | |
| Classes for patients focused on physical activity | |
| Screening patients for food insecurity | Social Determinants of Health |
| Formal partnership or arrangement with food resources to support patient health status (e.g. local food banks, grocery stores, etc.) | |



Rider 38: Cost Effectiveness of Delivery System Reform and Incentive Payment Program



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- The Health and Human Services Commission (HHSC) shall report on the outcomes achieved by providers in the Delivery System Reform and Incentive Payment (DSRIP) program.
- HHSC shall submit the report to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by December 1, 2020.
- Report must include measure achievement, core activities, cost & savings, and DSRIP payment payments earned.

Estimated Timeline for DY9/10 Protocols



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| Estimated Date | Task |
|--------------------|---|
| July 31, 2019 | Measure Bundle Protocol submission to CMS |
| September 30, 2019 | CMS approval of protocols |
| October 1, 2019 | Posting of RHP Plan Update for DY9-10 templates, pending CMS approval of protocols |
| November 30, 2019 | Anchors submit RHP Plan Updates for DY9-10 |
| January 15, 2020 | HHSC completes initial review of RHP Plan Updates and requests additional information |
| January 31, 2020 | Anchors submit responses to HHSC requests for additional information |
| February 28, 2020 | HHSC final approval or disapproval of RHP Plan Updates for DY9-10 |



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DSRIP Statewide Learning Collaborative

September 4th & 5th

Austin Texas



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Questions?

E-mail: TXHealthcareTransformation@hhsc.state.tx.us

See HHS 1115 Waiver Site for Updates