

DSRIP 2.0 Baseline Review

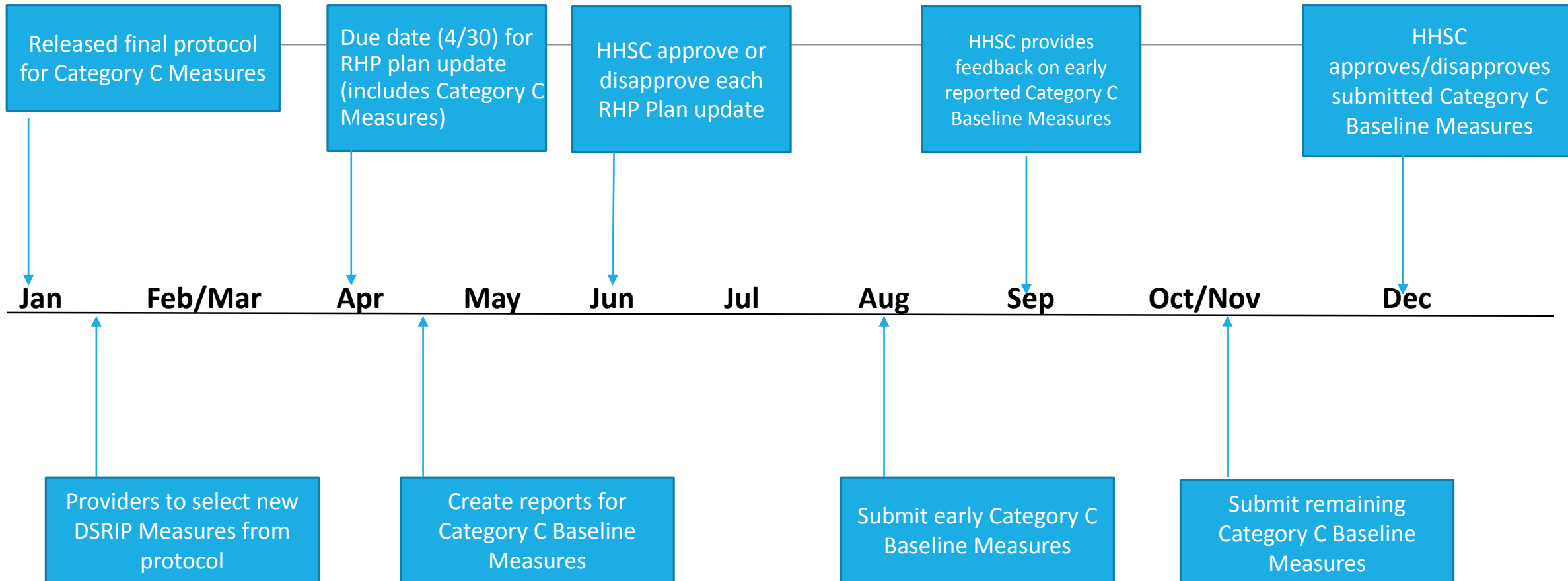
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2018 DSRIP Changes Timeline



Strategy for DSRIP Reporting - Baselines

Let's Get Started:

- First we had to know – “Who? What? When? Where? And Why”?
 - **Who** is responsible for the data and who needs to be involved in the decision making process?
 - **What** type of information are we needing to gather – clinical or financial?
 - **When** do you need this information by - HHSC Deadlines?
 - **Where** is the information located in our system? And is it “complete”?
 - **Why** are these initiatives important to the organization and our patients?

Who is responsible & who needs to be involved?

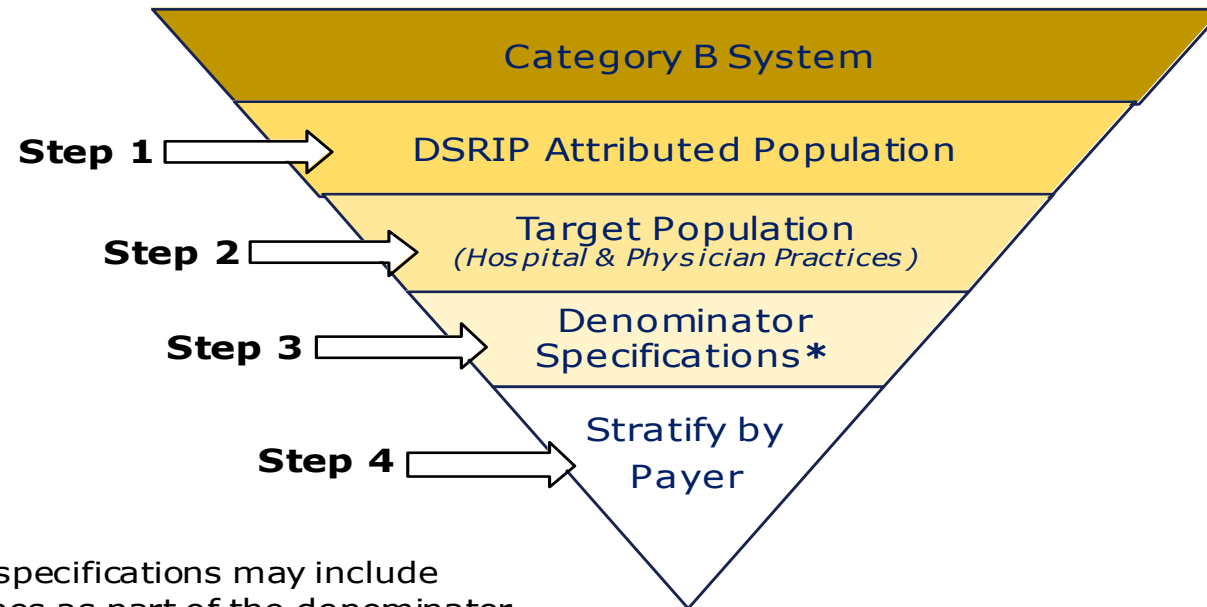
- Created an Organizational Workflow Chart for DSRIP 2.0
- Created a Steering Committee to include:
 - Clinical, IT, Operations, Finance, Decision Support, Education
- Reviewed the changes in the DSRIP Protocol Rules to understand what areas of the system will be affected for DY7-DY11 beginning October 1st, 2017.
- Added Departments to DSRIP 2.0: Social Work, Case Manager, Inpatient Care, Patient Relations, Physician Relations, Clinical Education, Other providers, etc.

What type of information are we needing?

- Steering Committee created the system definition (Category B)
- Selected the appropriate Measure Bundles for our organization (Category C)
 - Created workgroups and team members for each Measure Bundle
 - Make sure every group has clinical representation!!!
- Next – Measure Bundle Workgroups identified data source for each measure (Category C)
- Lastly – Retrieved the information from the EMR

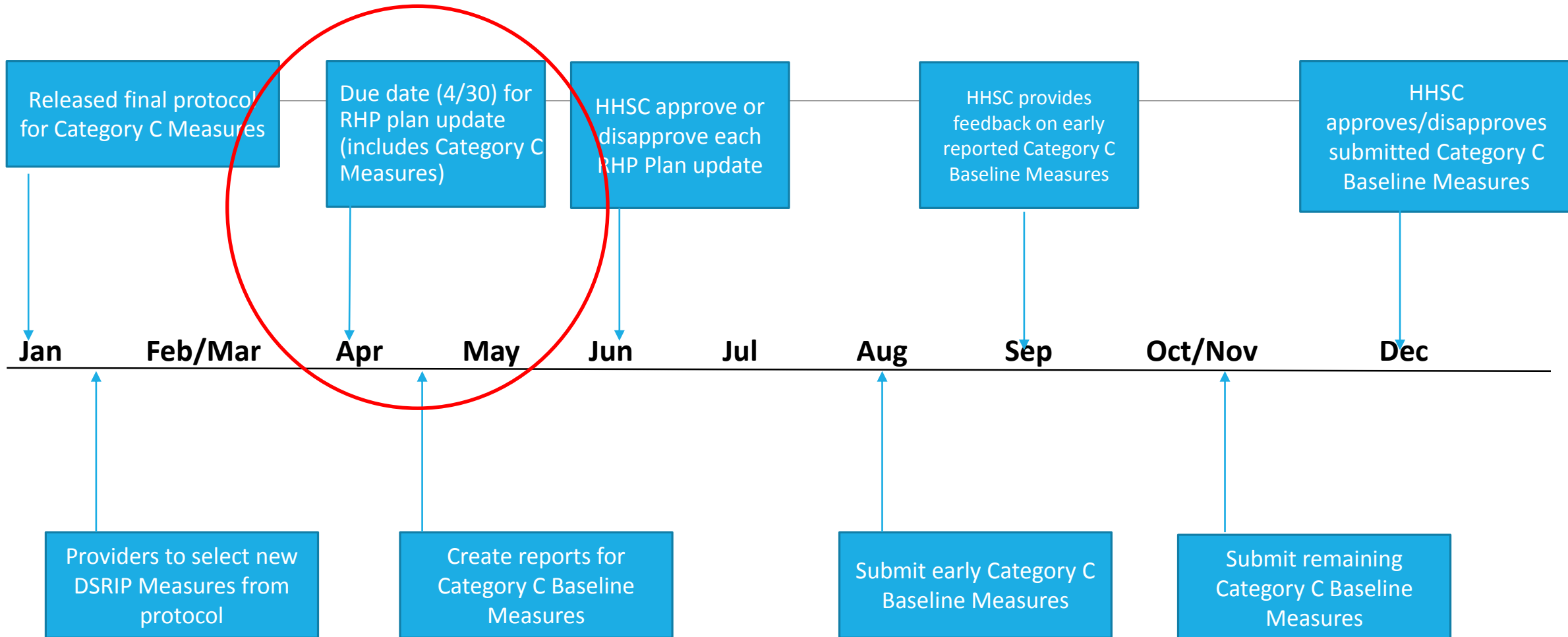
What type of information are we needing? (cont.)

Category C Attribution



* Denominator specifications may include specific visit types as part of the denominator inclusion criteria.

When do we need this information?



Where is the information located in our system? And is it “complete”?

We discovered that:

- Only meeting “portions” of the numerator and denominator measure specs
- No data for CY17 (Baseline Year) because a service or process wasn’t in place at that time
- Data not stored in our EMR system that was easily “reportable”
- Our facility doesn’t document SNOMED codes
- Our facility doesn’t document Meaningful Use Value codes
- Financial Class on the Patient’s Bill might be differ from the Patient Registration
- Making a simple change doesn’t always mean it’s actually simple

Our Report “Resolutions” on DSRIP Category C Measure

We worked through our issues by taking the following steps:

- Only “portions” of the numerator and denominator measurement specifications
 - **Requested several approximate baselines**
 - **Created internal workgroups to update the EMR system, implement new processes and provide staff education and training to meet the measure specifications**
- No data for CY17 (Baseline Year) because a service or process wasn’t in place at that time
 - **Request several delayed baselines**
 - **Again - created internal workgroups to update the EMR system, implement new processes and provide staff education and training to meet the measure specifications**
- Data not stored in our EMR system that was easily “reportable”
 - **Created internal audit teams to complete manual records review**
 - **Created baseline data utilizing the sampling methodology created by HHSC**
- Our facility doesn’t document SNOMED codes or Meaningful Use Value codes
 - **Created our own internal service and encounter value sets that were comparable to HHSC’s Measure Specifications**

Why are these initiatives important to the organization and our patients?

- **Psychiatric Services:** Driscoll has a desire to improve access to pediatric specialists in the community. Driscoll Children's has determined that a shortage exists in the community for psychiatric care of pediatric patients. Many of our patients need additional behavioral health support along with their specialty care treatment.
- **Reduction in Readmission Rates:** The average readmission rate for 15 day readmissions is 6.7% with the top diagnosis service line being respiratory therapy. The average readmission rate for 30 day readmissions is 10% and the top diagnosis service line being respiratory therapy as well.
- **Patient Safety:** Driscoll has a desire to reduce harm to patients through Solution for Patient Safety which measures and implements prevention bundles for teaching and reducing hospital acquired conditions.
- **Asthma and Diabetes:** According to the Centers for Disease Control, a total of 23.6 million people, or 7.8% of the US population, have diabetes. More than 9% of the population in Nueces County is diagnosed with diabetes. For Nueces County, respiratory issues are among the top primary diagnoses for all in-patient and emergency department data.

Category C Baseline Submission Status

Month- Year	Baseline Measures Submitted	Baseline Measures Approved *
August- 2018	17	9
October- 2018	14	9
December- 2018	5	4
April- 2019	3	TBD
Current pending- 2019	1 pending (submitted Aug 2018)	TBD
Total Baselines	39	38 Finalized To Date

*Measures approved without Technical Assistance or Needs More Information flags for that submission period. Measures that were not approved initially required additional discussions with HHSC.

Lessons Learned and Recommendations

- The Category C Baseline Measures were complex in nature specifically:
 - Data collection and capture
 - Understanding Clinical Processes (Measure Requirements vs. Internal Processes)
 - Changes from DSRIP 1.0 to DSRIP 2.0

- Recommendations:
 - Communication is KEY

Questions?



Thank you!

➤ Questions?

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