RHP 3 Learning Collaborative – DY5

June 8, 2016

WELCOME!

Overview- Day 1

- Welcome
- Waiver Renewal and Transition Year Updates
- Regional Quality Plan
- Project Showcase
- Celebrations of Success
- Networking

HHSC 1115 Waiver Update

John Scott, Texas Health and Human Services

Waiver Renewal and Transition Year Updates

June 8, 2016

John Scott, HHSC, 1115 Transformation Waiver

TEXAS
Health and Human
Services Commission

1115 Transformation Waiver

- Waiver goals:
  - Expand Medicaid managed care statewide
  - Develop and maintain a coordinated care delivery system
  - Improve health outcomes while containing costs
  - Protect and leverage federal match dollars to improve the healthcare infrastructure
  - Transition to quality-based payment systems across managed care and hospitals

Texas Health and Human Services Commission

1115 Transformation Waiver

Three major components:

Statewide Medicaid managed care through the STAR, STAR+PLUS, and Children's Medicaid Dental Services programs

- Including carve in of inpatient hospital, pharmacy and children's dental services

Uncompensated Care (UC) pool

- Replaces Upper Payment Limit (UPL) program for hospital and physician payments.
- Reimburses costs for care provided to individuals who have no third-party coverage for hospital and other services and Medicaid shortfall

Delivery System Reform Incentive Payment (DSRIP) pool

- New incentive program to support coordinated care and quality improvement through 20 Regional Healthcare Partnerships
- Targets Medicaid recipients and low-income uninsured individuals.

TEXAS
Health and Human
Services Commission

DSRIP

- DSRIP is an incentive program to transform delivery systems through infrastructure development and testing innovative care models.
  - Improve care for individuals (including access, quality, and health outcomes)
  - Improve health for the population
  - Lower costs through efficiencies and improvements

- Projects are funded at the Medicaid federal match rate with the non-federal share of funds coming from a local or state public entity (Intergovernmental Transfers, or IGT).

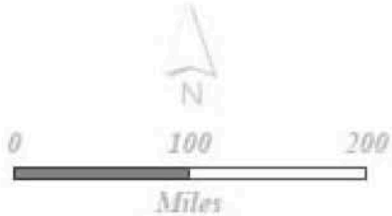
- DSRIP funds are earned based on achievement of project-specific metrics each year.
  - Different than Medicaid fee-for-service or encounter-based payments

- Approximately $7.1B in total DSRIP payments to date

TEXAS

Regional Healthcare Partnership (RHP) Regions
August 2012

12 19 18 9 10 1 11 15 14 13 16 8 17 2 7 3 6 2 3 4 20 5



Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission.
August 7, 2012

TEXAS
Health and Human
Services Commission

Waiver Extension Request

- By September 30, 2015, HHSC was required to submit to the federal Centers for Medicare and Medicaid Services (CMS) a request to extend the waiver.
- In September, HHSC requested to continue all three components of the waiver (statewide managed care, UC pool and DSRIP pool) for another five years.
- Texas has made progress related to all five waiver goals, and has proposed program improvements to make further progress toward those goals to support and strengthen the healthcare delivery system for low-income Texans.

TEXAS
Health and Human Services Commission

Managed Care Extension Request

- HHSC requested to continue all of the existing managed care programs and initiatives that are authorized under the 1115 Transformation Waiver.
- HHSC did not request changes to the 1115 waiver related to managed care, but will continue to make managed care program improvements, including directives from the 84th Legislative Session.
  - Improved monitoring of MCO's network adequacy
  - Value based purchasing and aligning Medicaid quality strategies
  - Improved collaboration between managed care consumer support systems

TEXAS Health and Human Services Commission

Extension Request for the Pools

- The extension request on the funding pools:
  - To continue the demonstration year (DY) 5 funding level for DSRIP ($3.1 billion annually)
  - An Uncompensated Care (UC) pool equal to the unmet need in Texas, adjusted to remain within budget neutrality each year (ranging from $5.8 billion - $7.4 billion per DY)
- The Centers for Medicare and Medicaid Services (CMS) is requiring Texas to submit a report by August 2016 related to how the two pools in the waiver interact with the Medicaid shortfall and what uncompensated care would be if Texas opted to expand Medicaid.
  - Health Management Associates and Deloitte Consulting are completing the study. HHSC is required to send a draft to CMS on July 15, 2016, with the final report required no later than August 31, 2016.

Texas Health and Human Services Commission

Texas DSRIP Extension Principles

- Further incentivize transformation and **strengthen healthcare systems** across the state by building on the Regional Healthcare Partnership (RHP) structure.
- Maintain **program flexibility** to reflect the diversity of Texas' 254 counties, 20 RHPs, and almost 300 DSRIP providers.
- Further **integrate with Texas Medicaid managed care** quality strategy and value based payment efforts.
- **Streamline** to relieve administrative burdens on providers while focusing on collecting the most important information.
- Improve project-level evaluation to **identify the best practices** to be sustained and replicated.
- **Focus** on Medicaid and low-income uninsured Texans.

TEXAS
Health and Human
Services Commission

15-Month Waiver Extension Approval

- In April, HHSC submitted a request to CMS for a 15-month extension at level funding from demonstration year (DY) 5 of the waiver during which negotiations will continue on a longer-term agreement.
- On May 2, 2016, HHSC received approval of this 15-month extension from CMS.
  - The 15-month extension maintains current funding levels for both UC and DSRIP.
  - During the extension period, HHSC and CMS will work on a longer term agreement.

TEXAS
Health and Human
Services Commission

Changes in Waiver STCs with Extension

- CMS and the state must agree on the size of the UC pool and DSRIP structure by the end of 2017.
- If no agreement, there is no DSRIP renewal except as a phase down to zero dollars – 25% starting each year beginning in 2018.
- UC will be renewed but reduced if there is no agreement.

TEXAS
Health and Human
Services Commission

Transition Year (DY6)

- HHSC has proposed two sets of rules for DSRIP related to the transition year.
- The first set of rules, effective June 1, 2016, include several requirements for performing providers to prepare for the transition year.
  - These steps include that a performing provider may elect to continue existing projects into DY6 or end participation in the waiver extension. Providers will inform HHSC of their decision during Summer 2016.
- The second set of draft rules outline the requirements for the transition year and are proposed to be effective September 30, 2016.
  - These rules outline the proposed structure of metrics continuing projects will report on for the transition year (DY6).

TEXAS Health and Human Services Commission

Transition Year (DY6)

- Since HHSC is still in negotiations with CMS, elements in the proposed transition year rules are subject to change.
- Transition year proposals:
  - Current eligible projects can continue
  - Certain projects were eligible to request to combine beginning in DY6
  - Setting a minimum annual valuation amount per provider
  - Anchor activities to support planning

Texas Health and Human Services Commission

Transition Year (DY 6) (cont.)

- Each Cat. 1-2 project must have the following four milestones in DY6, each valued at 25% of the project's DY6 valuation:
  - Total QPI
  - MLIU QPI
  - Core Component Reporting
    - Same as current "Project Summary" tab in DSRIP Online Reporting System: "Project Overview: Accomplishments," "Project Overview: Challenges," etc., with an additional question relating to the provider's participation in learning collaboratives.
  - Sustainability Planning

TEXAS Health and Human Services Commission

Transition Year (DY 6) (cont.)

- Cat. 1-2 Sustainability Planning
  - HHSC will develop a template for reporting.
  - Providers will be required to submit qualitative descriptions of sustainability planning efforts.
  - Planning efforts could include:
    - Program evaluation
    - Integration with managed care
    - Health Information Exchange (HIE)
    - Other community partnerships
    - Etc.

Texas Health and Human Services Commission

Transition Year (DY 6) (cont.)

- Cat. 1-2 Sustainability Planning
  - HHSC and Anchors will help facilitate discussion through statewide and regional learning collaboratives.
  - Strategies will differ based on provider, project type, and target population.
  - Possible tool to help providers with planning:
    - Center for Public Health Systems Science, George Warren Brown School of Social Work, Washington University in St. Louis: https://sustaintool.org/
    - Includes 40 questions across 8 domains.
    - Domains include environmental support; funding stability; partnerships; organizational capacity; program evaluation; program adaptation; communications; and strategic planning.
    - Responses identify sustainability strengths and challenges, which can then guide sustainability action planning.

TEXAS
Health and Human
Services Commission

Transition Year (DY 6) (cont.)

- Category 3: Original Proposal for Transition Year
  - For each Cat. 1-2 project, the respective Cat. 3 outcome values for DY5 are summed; then, for DY6:
    - 50% of Cat. 3 valuation is pay-for-reporting (P4R) for continuing to report the Cat. 3 outcomes reported in DY5, including population focused priority measures
    - 50% of Cat. 3 valuation is P4R for completing and submitting a Cat. 1-2 project-level evaluation in DY6.
  - Performing providers may carry forward Cat. 3 milestones from DY6 to DY7.

TEXAS Health and Human Services Commission

Transition Year (DY 6) (cont.)

- Category 3: Alternate Proposal for Transition Year
  - CMS noted that under the original proposal, there was not a pay-for-performance (P4P) component in DY6.
  - Given CMS concerns, HHSC has proposed to continue current Cat. 3 P4P outcomes as P4P in DY6.
    - DY6 goals set at 25% gap closure over baseline for QISMC outcomes and 12.5% gap closure over baseline for IOS outcomes.
    - Valuation would remain consistent, with DY5 with program evaluation not required under Category 3 (but allowed as an activity under Cat. 1-2 sustainability planning).
    - Cat. 3 P4R and Maintenance outcomes would continue as they are in DY6 with additional activity TBD.
    - Several operational issues need to be resolved.

Texas Health and Human Services Commission

Transition Year (DY 6) (cont.)

- Category 4
  - HHSC originally proposed that Category 4 be converted to a regional Performance Bonus Pool.
  - CMS has indicated a preference to maintain the current Category 1-4 structure in the transition year, so Category 4 will remain Pay-for-Reporting for hospitals.

Texas Health and Human Services Commission

Summer 2016

- Providers will have to decide by Summer 2016 whether to
  1) discontinue their project, or
  2) continue their project.
- Projects that choose to discontinue may not participate in DY6-10.
- For projects that decide to continue, HHSC has proposed that they be allowed to withdraw without penalty during a withdrawal window following the second payment period for DY7, but before the first reporting period of DY8.

TEXAS Health and Human Services Commission

DY7-10

- There are many promising projects that need more time to demonstrate outcomes and evaluate best practices.
- There will be fewer, more standardized milestones/ metrics to report for achievement.
- Projects that continue in DY6 may be required to take a next step for DY7-10.
- Four-year projects from 2.4, 2.5, 2.8, and 1.10 project areas (except 1.10 for learning collaborative purposes, which may continue) will be required to take a next step into a Project Option from the Transformational Extension Menu.
- Certain projects could also possibly be replaced:
  - Projects withdrawn after June 30, 2014 (so associated funds are not currently allocated to active projects)
  - Projects identified from high risk list based on HHSC review

TEXAS
Health and Human
Services Commission

DY7-10: Next Steps for Cat. 1-2 Projects

- DSRIP projects moving toward integration with Medicaid managed care could be a next step.
- The next step could also possibly include expanding or enhancing a current project or stepping into a different project option that would be a logical next step for the project. (Contingent on CMS approval.)
- Next steps or replacement projects would be submitted to HHSC during DY 6 at a date TBD upon CMS approval of the revised RHP Planning Protocol for DY7-10.
- Projects taking a next step or being replaced would have the same valuation as the original project, not to exceed $5 million per demonstration year.

Texas Health and Human Services Commission

Items in Development

- Ongoing communications processes for stakeholder feedback
- Timelines
- Clarification of logical next steps for projects continuing in DY7-10
- QPI requirements for DY 7 forward
- Additional Category 1 or 2 standardized metrics
- Replacement project requirements
- Potential changes to Category 3 measures

Texas Health and Human Services Commission

HHSC's Next Steps

- HHSC plans to:
  - Finalize a proposal to CMS for the Transition Year (DY6) Protocol in Summer 2016;
  - Develop the proposed DSRIP protocols for DY7 replacement projects by Fall 2016; and
  - Develop protocols and metrics for DY7 continuing projects by January 2017.
- HHSC will submit high-level proposals to CMS for consideration on an ongoing basis.
  - Based on CMS feedback about the feasibility of various elements, HHSC then will work with stakeholders to develop detailed requirements.

TEXAS Health and Human Services Commission

2016 Statewide Learning Collaborative

- The 2016 Statewide Learning Collaborative (SLC) Summit will be held in Austin on August 30 & 31, 2016.
- Registration has opened and will close on August 8th.
- The goal of this year's SLC Summit is to share outcome data and best practices from projects, highlight effective systems of care, and discuss next steps as we look to the future of the 1115 Waiver.
- As in prior years, HHSC will also broadcast the conference online. Login instructions will be posted on the waiver website.

Texas Health and Human Services Commission

Waiver Communications

- Find updated materials and outreach details:
  - http://www.hhsc.state.tx.us/1115-waiver.shtml
- Submit questions to:
  - TXHealthcareTransformation@hhsc.state.tx.us

Region 3 Quality Plan

Jessica Hall, Health System Strategy Analyst, Harris Health System-RHP3 Anchor

PROJECT SHOWCASE

Celebrations of Success

Nini Lawani, Regional Operations Liaison, Harris Health System-RHP3 Anchor

CLOSING

RHP 3 Learning Collaborative – DY5

June 9, 2016

WELCOME!

Overview- Day 2

- Welcome
- Waiver 1.0 Look Back and Ahead
- Sustaining DSRIP
- Learning Collaborative Cohort Updates
- Celebrations of Success
- Lunch & MCO Collaboration
- Breakout Sessions

A Look Back and Ahead: RHP 3's Progress Through Waiver 1.0

Harris Health System

1115 Waiver RHP3 Anchor

Shannon Evans, MBA, LSSGB

Manager, Health System Strategy Operations

June 9, 2016

HARRISHEALTH SYSTEM

IN THE BEGINNING…

How Did We Get Here?!?

- Section 1115 of Social Security Act
- HHSC directed by 2011 Texas Legislature to expand managed care
  - UC and DSRIP to protect UPL dollars
- Drives down health care inflation by ensuring hospitals paid based on actual UC costs, not charges
- Accountability and transparency for billions of dollars in Texas UPL funding
- Approved December 12, 2011

Purpose of the Healthcare Transformation Waiver

- Statewide expansion of Medicaid managed care, while protecting federal supplemental hospital payment funds
- Creation of Regional Healthcare Partnerships (RHPs)
- Transition to quality-based payment systems for managed care and hospitals
- Diversion of savings generated by the proposed changes into a pool to cover uncompensated care costs for hospitals and other providers

Regional Health Partnership 3 (RHP3)

Provider

- There are 26 providers with active DSRIP projects, including:
  - Hospitals
  - Academic Health Science Centers
  - Local Public Health Departments
  - Local Mental Health Authorities

County

RHP 3 Quick Facts:
- 9 counties
- 8,580 square miles
- 4.8 million residents
- 51% Anglo/31% Hispanic
- 16.8% live below poverty line
- 8% average unemployment
- 26% without health coverage
- $50,363 per capita income

Project Focus

- Providers selected project areas from a menu called the RHP Planning Protocol
- All proposed projects were reviewed and approved by HHSC and CMS.
- Incentives are paid for achieving approved milestones and metrics.

Outcome Measure

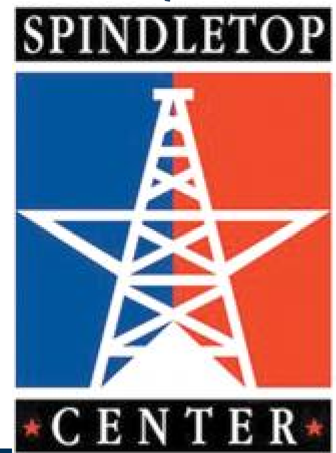
- **190** outcome measures were selected by RHP 3 providers.
- Baselines were set in DY3.
- DY4 incentives will be paid for reporting and performance.
- DY5 incentives will be paid for performance only.

Community Need

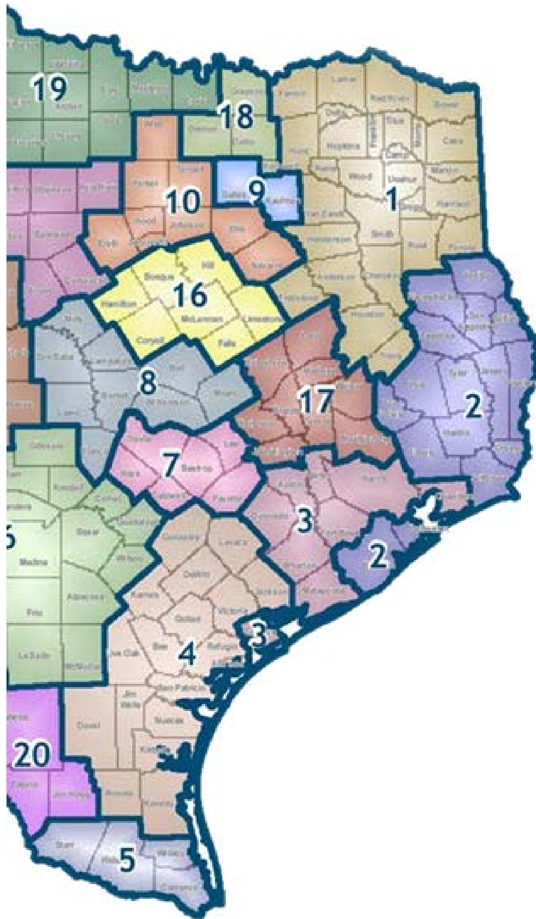
- Providers choose one ore more community needs.
- RHP3 includes 25 community needs derived from over 40 community needs assessments throughout the Region

177 Projects worth approximately $2.2 billion in incentive payments

Local Mental Health Authorities (LMHAs)



Key Region 3 Challenges



- Inadequate number of primary and specialty care providers
- High prevalence of chronic disease
- Diverse patient population, varying economic, educational and cultural backgrounds
- High number of Uninsured Patients
- High prevalence of behavioral health conditions and lack of an integrated care solutions
- Fragmentation of patient services throughout a large, uncoordinated health care system
- Limited access to public transportation and emergency services
- Aging population and increased need for high cost services
- Inadequate IT infrastructure for improved care coordination

Community Needs

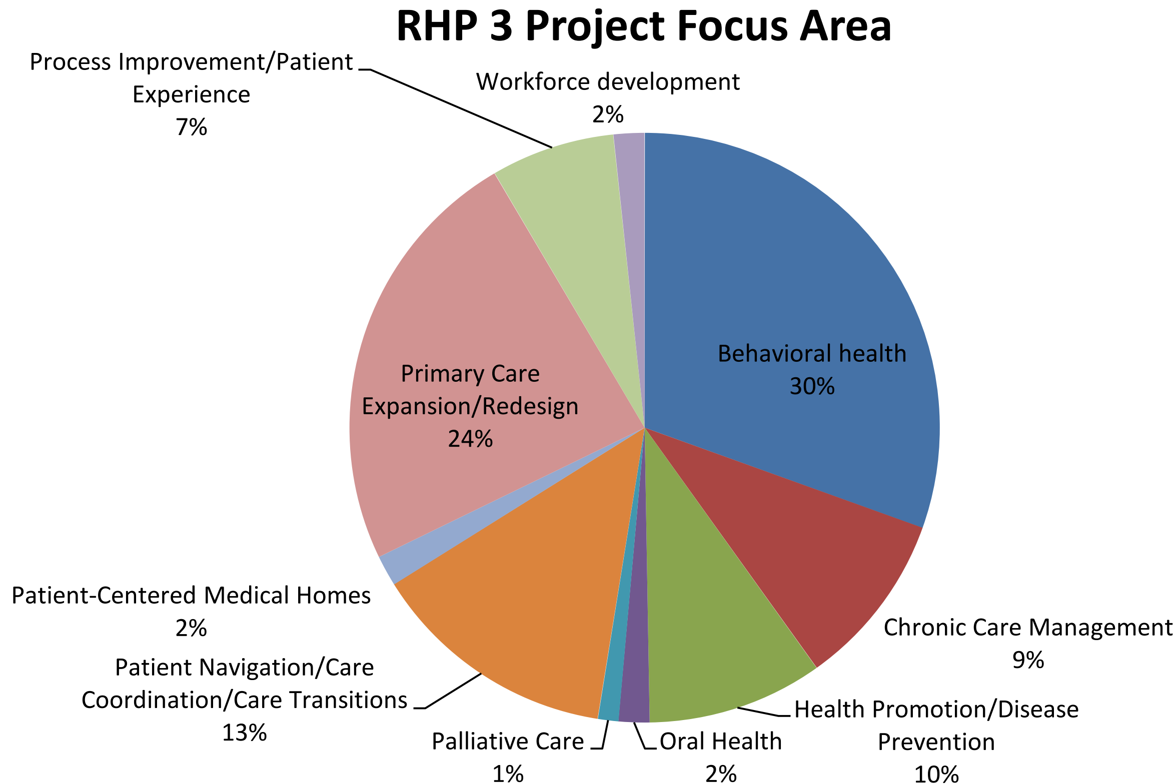
Southeast Texas Regional Healthcare Partnership

Texas Healthcare Transformation and Quality Improvement Program ✩ Medicaid 1115 Waiver

- CN1. Inadequate access to primary care
- CN2. Inadequate access to specialty care
- CN3. Inadequate access to behavioral healthcare
- CN4. Inadequate access to dental care
- CN5. Inadequate access to care for veterans
- CN6. Inadequate access to care for those with special needs
- CN7. Inadequate access to care coordination
- CN8. High rates of inappropriate ER utilization
- CN9. High rates of preventable hospital readmissions
- CN10. High rates of preventable hospital admissions
- CN11. High rates of chronic disease & inadequate access to services
- CN12. High rates of tobacco use & excessive alcohol use
- CN13. High teen birth rates
- CN14. High rates of poor birth outcomes low birth-weight babies
- CH15. Insufficient access to services for pregnant low income women
- CN16. Shortage of primary and specialty care physicians
- CN17. High rate of sexually transmitted diseases
- CN18. Insufficient access to integrated care behavioral healthcare
- CN19. Lack of immunization compliance
- CN20. Lack of access to programs providing health promotion
- CN21. Inadequate transportation options
- CN22. Insufficient access to services designed to address disparities
- CN23. Lack of patient navigation
- CN24. Limited use of electronic health records
- CN25. Graduate medical education

RHP 3 PROJECTS

RHP3 DSRIP Projects by Project Focus



Behavioral Health

- Case Management
- Crisis Stabilization
- Expand Behavioral Health
- Health Education
- Integrated Care
- Navigation/Case Management
- Registry/Data Sharing

Primary Care/Specialty Care

- Dental Health
- Expand Primary Care
- Medical Home
- Primary Care Clinics
- Primary Care Workforce
- Expand Specialty Care

Chronic Care

- Health Education
- Management
- Palliative Care
- Prevention Center
- Registry
- Screening
- Screening and Treatment
- Tobacco Control
- Transition Care

Patient Navigation

- Expand/Establish Navigation Services
- Geriatric Patient Navigation Services
- OB Patient Navigation Services
- Probationer Patient Navigation Services

EC Utilization

- ER Diversion
- ER Nurse Triage
- ER Provider Triage
- Health Education
- Urgent Care Clinic

RHP3 ACHIEVEMENTS

RHP3 Available Funds & Achievement

- RHP 3 DSRIP Available Funds DY 2-5
  - Category 1 & 2
    - $1.6 billion
  - Category 3
    - $379 million
- RHP 3 Achieved Funds DSRIP Achievement*
  - Category 1 & 2
    - $1.1 billion
  - Category 3
    - $173 million

* Achievement DY2- DY4

Quantifiable Patient Impact

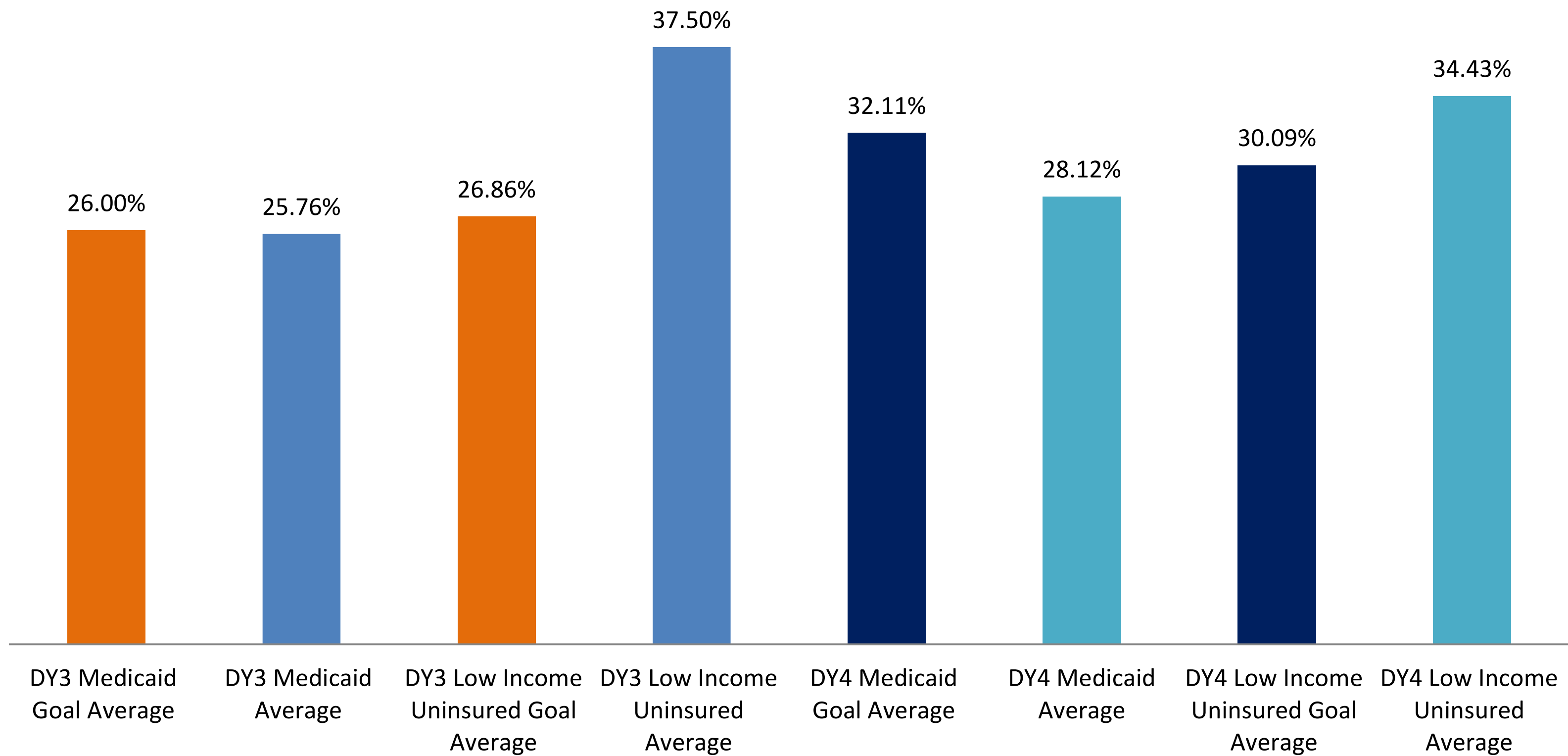
Encounters

- DYs 3-5 Goal
  - 1,727,380 visits
- Achievement to date
  - DY 3-4 Actual: 926,421
  - DY 3-4 Target: 813,741
  - DY 3-4 Achievement: 114%

Individuals

- DYs 3-5 Goal
  - 642,559 unique individuals
- Achievement to date
  - DY 3-4 Actual: 715,109
  - DY 3-4 Target: 325,456
  - DY 3-4 Achievement: 220%

Source: Texas DSRIP Dashboard-Tableu


DY3 & DY4 Medicaid-Low Income Uninsured Averages
26.00%
25.76%
26.86%
37.50%
32.11%
28.12%
30.09%
34.43%
DY3 Medicaid Goal Average
DY3 Medicaid Average
DY3 Low Income Uninsured Goal Average
DY3 Low Income Uninsured Average
DY4 Medicaid Goal Average
DY4 Medicaid Average
DY4 Low Income Uninsured Goal Average
DY4 Low Income Uninsured Average

Mid Point Assessment

DSRIP Midpoint Assessment by the Numbers			
	State	RHP 3	Regional Notes
Total # of DSRIP projects at time of assessment	1491	179	
# of projects reviewed for assessment	677	109	61% of RHP 3 projects were reviewed during Midpoint Assessment
# of projects selected for site visit during assessment	33	4	3 providers had site visits (four projects total) Harris County Hospital District Ben Taub General Hospital The University of Texas of Texas Health Science Center-Houston Mental Health and Mental Retardation Authority of Harris County
Compliance w/approved RHP Plan	92%	75%	M&S identified 82 projects as either partially or completely compliant
Compliance w/core components & CQI	99%	95%	M&S identified 104 projects as either partially or completely compliant
Not duplicating other federally-funded activities	100%	100%	
Clarity of DY4 & DY5 milestones	62%	51%	M&S identified 56 projects as having partial or complete clarity of DY4 DY5 milestones
Benefit of DSRIP to patients/waiver target population	94%	98%	M&S identified 2 projects that did not adequately serve the Waiver target population and recommended one project withdrawal due to lack of progress.
Identifying lessons learned for improvement	96%	90%	M&S identified 98 projects as having identified lessons learned
Risk Level 1: Projects On Track	7%	3%	3 of 109 projects
Risk Level 2: Projects Very Likely to be on Track	43%	38%	42 of 109 projects
Risk Level 3: Projects Likely to be on Track	29%	31%	33 of 109 projects
Risk Level 4: Projects that Need Work to Get on Track	19%	27%	29 of 109 projects
Risk Level 5: Projects that are Off Track	2%	1%	1 of 109 projects
Benchmark Projects identified	17	3	Harris County Hospital District Ben Taub General Hospital (133355104.2.9) The University of Texas of Texas Health Science Center-Houston (111810101.2.6) Texas Children's Hospital139135109.1.12)
Projects Recommended for Withdrawal	13	1	Tomball Regional Hospital(131044305.1.1) Project has withdrawn

Mid Point Assessment Outcomes

- 22 Projects Require Next Steps
  - Continue with Project Changes
  - Continue and replace in DY7

Quality Outcome Measure Domains

- OD1 – Primary Care and Chronic Disease Management
- OD2 – Potentially Preventable Admissions
- OD3 – Potentially Preventable Readmissions
- OD4 – Potentially Preventable Complications
- OD5 – Cost of Care
- OD6 – Patient Satisfaction
- OD7 – Oral Health
- OD8 – Perinatal Outcomes and Maternal & Child Health
- OD9 – Right Care, Right Setting
- OD10 – Quality of Life / Functional Status
- OD11 – Behavioral Health / Substance Abuse Care
- OD12 – Primary Prevention
- OD13 – Palliative Care
- OD14 – Healthcare Workforce
- OD15 – Infectious Disease Management

DSRIP Project Impact

- Potentially Preventable Events
- Readmissions
- Diabetic Monitoring
- Health Care Costs

Region 3 Learning Collaborative

General Purpose/ Scope:
Regional Impact Shared Learning Community Engagement Success Celebration

Individual

Innovator Agents

"On the spot" Peer to peer Opportunities

Self-paced Training Tools

Special Issue Management

Project Management Data Analysis

General Purpose/ Scope*:
- PDCA Knowledge Spread Issue Management
- Tailored Learning

Core

Regional Events:
- 2 per year
- Hosted by the Anchor
- Open to all RHP Plan Participants and other Interested Community Stakeholders

Cohort Workgroups: *based on identified projects/ criteria from data workgroup*
- Ad hoc and Topical
- 2 Volunteer Lead Facilitators
- Region 3 volunteers/ participants
- Scope Defined by each workgroup

General Purpose/ Scope:
- Routine meetings for sharing Qualitative data sharing
- Milestone data reporting Reporting/ implementation PDCA

Regional

Monthly Status Calls

Topical Webinars

Newsletters

Stakeholder/Performing Provider Opportunities

White Papers

Annual Reports

Celebrations

General Purpose/ Scope*:
- Broad Regional Sharing Qualitative data sharing
- Continuous Learning

Data Workgroup:	HHS core member	UTSPH core member	Region 3 Volunteers	• Assimilate data and reports
Quality Improvement Workgroup:	HHS core member	UTSPH core member	Region 3 Volunteers	• Assure the PDCA cycle is active within the workgroup
OUTCOMES:	Regional Impact Metrics	Workgroup Metrics	PDCA Metrics	

Region 3 Cohorts Accomplishments

	Patient Navigation	EC Utilization	Behavioral Health: Continuity of Care *Integrated Care*	Readmission	Collaboration Best Practices
Start Date	2013	2014	2014	2014	2015
Goal/ Charter	Develop two comprehensive web based tools: • Patient navigation • Regional Continuing Education Tool for CHWs	• Decrease non-emergent EC visits • increase area clinics visits	• ID strategies to address all cause 30-day readmission rates • **Evaluate Primary Behavioral Health Care via the Organizational Assessment Toolkit (OATI)**	• Engage providers to collaboratively impact regional readmission rates	• ID common best practices and process improvement/ implementation
Outcomes	• Memorandum of Understanding with institutions to share data • Development of Navigation website	• Evaluation of navigation models • Meetings with ECs to: prevent inappropriate EC use • navigate patients to area clinics	• Analysis of regional hospital discharge data correlating patient characteristics with readmission • **OATI pilots**	• Completed a survey to ID specific readmission focus areas	Shared document with community partners discussing challenges to collaboration

Successes

- Additional Services/Programs
- Improved Patient Access
- Improved Patient Outcomes
- Collaboration
- Shared Learning
- Community Engagement

THE ROAD AHEAD

Trends

- Increasing need for collaboration among providers
  - DSRIP programs most recently approved have a strong emphasis and expectation of healthcare system transformation, with some programs tying funding to those efforts
  - In order to accomplish, additional collaboration and inclusion is required
- Increasing Expectations
  - Movement away from process outcome measures to pay for performance measures
  - Focus on quality outcomes that drive Medicaid costs

Are We There Yet?

- **Waiver Renewal**
- **Expand Collaboration**
- **Expand the Care Continuum**
- **Increase Emphasis on Quality Outcomes**
- **Focus on Sustainability**

Questions

Sustaining DSRIP: Aligning with Medicaid Managed Care, Moving toward Value-based Purchasing

Emily Sentilles, Texas Health and Human Services

Sustaining DSRIP: Aligning with Medicaid Managed Care, Moving toward Value-based Purchasing

June 9, 2016

RHP 3 Learning Collaborative

Emily Sentilles, Health and Human Services Commission
1115 Transformation Waiver

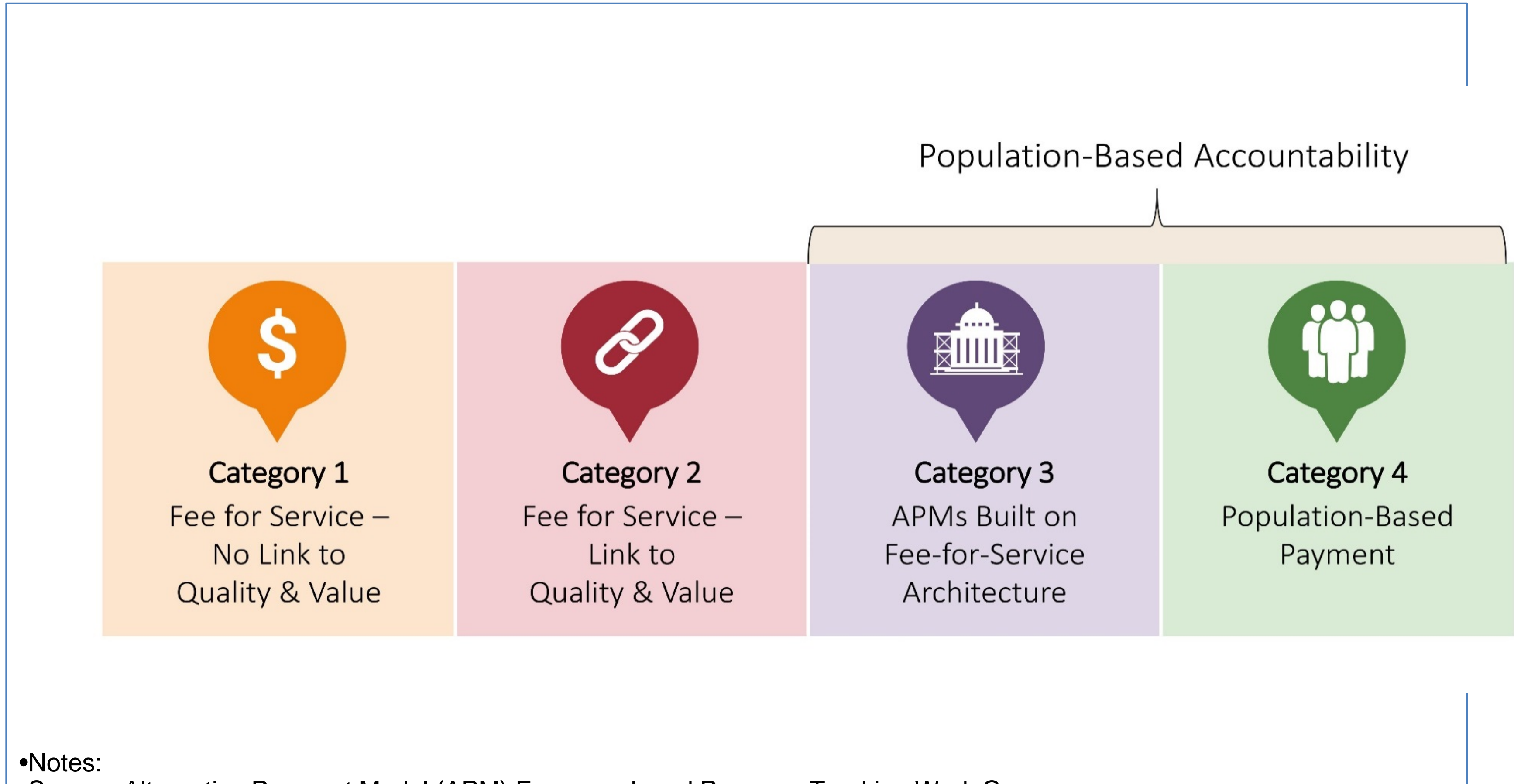
Impetus for DSRIP and MCO Collaboration and VBP

- **Next Stage of 1115 Waiver and DSRIP projects**
  - Sustainability, sustainability, sustainability
  - Meeting CMS goals

- **National and statewide movement toward paying for value with a "Value-based Purchasing" model or "Alternative Payment Methods"**
  - The goal of VBP or APMs is to pay for quality instead of quantity.

TEXAS Health and Human Services Commission

What are VBPs or APMs



•Notes:
•Source: Alternative Payment Model (APM) Framework and Progress Tracking Work Group
•A more detailed view of the APM framework is available here, along with a white paper that explores the topic fully.

Texas Health and Human Services Commission

Potential Outcomes for MCO and DSRIP Collaborations

- HHSC Goals for MCO and DSRIP Project Collaboration:
  - Sustainability
  - Increase efficiencies
  - Continue transformation started under the waiver
  - Incorporate best practices into Texas Medicaid
  - Enhance systems of care
  - Grow the amount of VBP occurring in Texas
  - Benefits the recipients, providers, and MCOs

Benefits for DSRIP Providers

- Enhance working relationships between MCOs and DSRIP providers
- Potential partnerships for further collaboration, including value-based purchasing arrangements
- Data exchange/enhancements for Medicaid members
- Steps toward sustainability beyond the 1115 Waiver

TEXAS Health and Human Services Commission

Benefits for MCOs

- Achieve the Performance Improvement Program (PIP) and/or Pay-for-Quality program (P4Q) Goals
- Enhance working relationships between MCOs and DSRIP providers
- Incorporate best practices of DSRIP projects across providers
- Cost savings

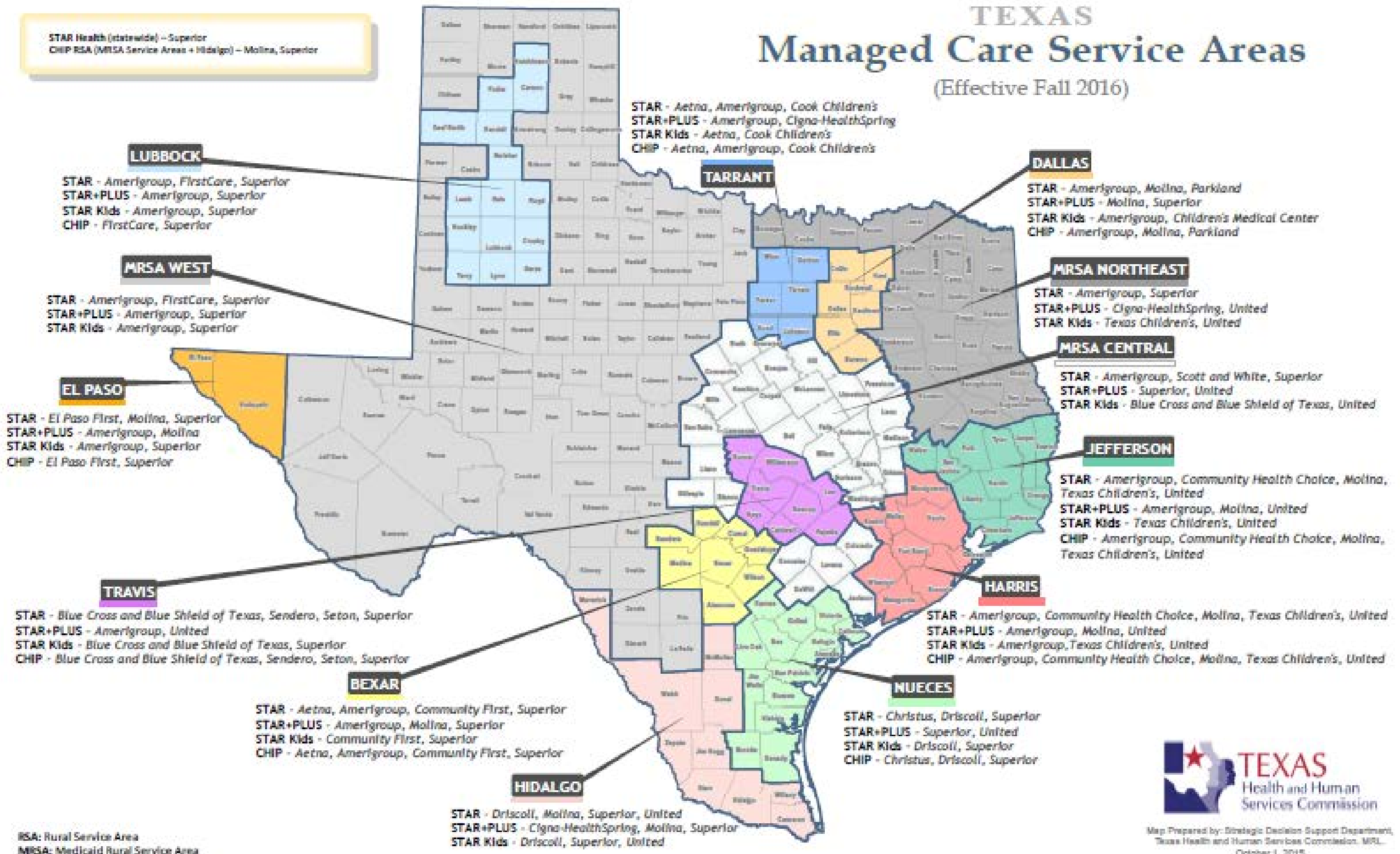
TEXAS Health and Human Services Commission

How do we do this?

- Long Process
- Working with CMS to understand vision and discuss barriers
- Working with stakeholders
- Working internally on policy that are barriers, data challenges, requirements for participants

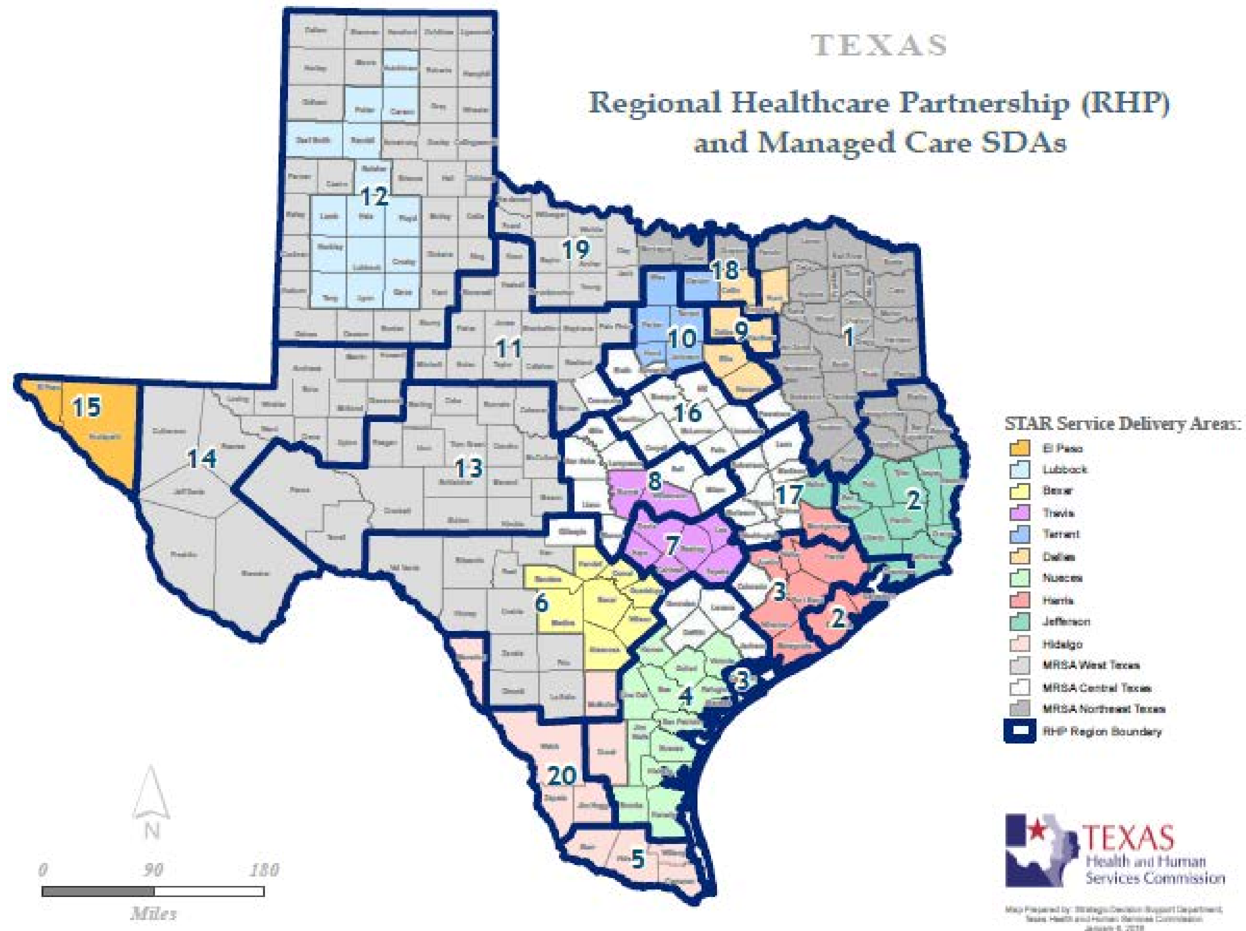
TEXAS
Health and Human
Services Commission

Texas Medicaid Managed Care Service Areas



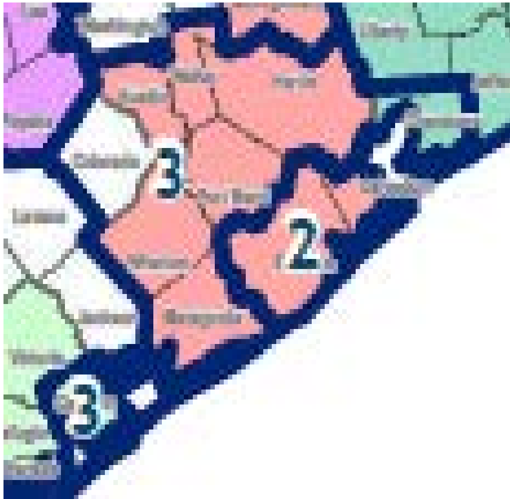
Texas Health and Human Services Commission

Overlay of RHPs on MCO Service Delivery Areas



RHP 3 MCOs

RHP 3 MCOs



- **STAR and CHIP:** Amerigroup, Community Health Choice, Molina, Texas Children's, United, Christus, Driscoll, Superior, Scott and White
- **STAR+PLUS:** Amerigroup, Molina, United, Superior
- **STAR Kids:** Amerigroup, Texas Children's, United, Driscoll, Superior, BCBS of Texas

TEXAS Health and Human Services Commission

HHSC Collaboration Activities

- **Encouraging DSRIP and MCO relationships and collaboration opportunities**
  - Performance Improvement Project (PIP) requirements
  - Milestones proposed for the extension period that relate to sustainability efforts
  - Quarterly calls with MCOs
  - Connecting MCOs and providers/RHP anchors
- **Developing prototype/models for collaboration**
- **Looking at Medicaid policies to facilitate integration (i.e. Quality Initiative costs, other social services)**
- **Analyzing DSRIP project reported outcomes (Cat 3).**
- **Working to clarify and emphasize aligned goals (Pay-for-Quality program, statewide analysis)**
- **Developing VBP roadmap**
- **Working internally and with CMS partners to overcome barriers to integration**

TEXAS
Health and Human Services Commission

What can DSRIP providers do?

- Reach out to MCOs in the service areas
- Develop Health Information Technology capacity
- Focus on achieving outcomes
- Work toward increasing number of Medicaid clients
- Make a business case to MCOs – cost benefit analysis of the project intervention
- What if project does not lend itself to high Medicaid participation? The APM model is applicable with other community partners – grants, county funding, non-profits

TEXAS
Health and Human
Services Commission

What can MCOs do?

- Reach out to DSRIP projects in their area
- Develop VBP/APM models
- Use flexibility of MCO contracting to encourage VBP
- Encourage member providers to utilize appropriate health information technology
- Share data with providers to improve interventions and enhance outcome attainment
- Participate in local Health Information Exchanges

Waiver Resources

- **Resources:**
  - http://www.hhsc.state.tx.us/1115-waiver.shtml
- **Submit questions to:**
  - TXHealthcareTransformation@hhsc.state.tx.us

LEARNING COLLABORATIVE COHORT UPDATES

RHP3 Cohort Updates

Behavioral Health Leaders

Dr. Connie Almeida, Fort Bend County

Dr. Scott Hickey, The Harris Center for Mental Health and IDD

Alejandra Posada, Mental Health America of Greater Houston

Tracey Greenup, Greater Houston Behavioral Health Affordable Care Act Initiative (BHACA)

Readmissions Leader

Keri White, Memorial Hermann Health System

Emergency Care Utilization

Jessica Hall, Harris Health System

MCO COLLABORATION

MCO Collaboration
Harris Health System
1115 Waiver RHP3 Anchor

Shannon Evans, MBA, LSSGB
Manager, Health System Strategy Operations

June 9, 2016

HARRISHEALTH SYSTEM

Current Landscape

COLLABORATION

Why Now?

- Innovative Interventions
- Medicaid Population Served
- Similar and/or Overlapping Quality Goals
- Transition to Value Based Payments
- Sustainability

CMS-Required Managed Care Quality Activities

Performance Improvement Projects (PIPs) MCOs are required to follow CMS External Quality Review Organizations (EQRO) protocols when conducting PIPs.

- Current PIP topics focus on reducing potentially preventable events (PPEs).
- Starting in 2016, MCOs will be required to collaborate on at least one PIP with either another MCO, a Behavioral Health Organization (BHO), or DSRIP program participants.

Each MCO must develop, maintain, and operate a Quality Assessment and Performance Improvement Program that meets state and federal requirements

Potential Outcomes for MCO/DSRIP Collaborations

HHSC Goals for MCO and DSRIP Project Collaboration: Benefits for MCOs

- Achieve the PIP Metric Goals
- Enhance working relationships between MCOs and DSRIP providers
- Incorporate best practices of DSRIP projects
- Potential cost savings

Benefits for DSRIP Providers

- Enhance working relationships between MCOS and DSRIP providers
- Potential partnerships for further collaboration, including value-based purchasing arrangements
- Data exchange/enhancements for Medicaid members
- Steps toward sustainability beyond the 1115 Waiver

Financial Incentives

Pay-for-Quality

- Provides MCO financial incentives and disincentives based on incremental improvement towards attainment goals.
- Four percent of each MCO's capitation is at-risk.

Value-Based Purchasing

- MCOs must submit to HHSC a written plan for provider payment structures that promote improved quality outcomes and increased efficiency.
- Criteria for approval includes:
  - Number and diversity of providers
  - Geographic representation
  - Plan methodology
  - Data sharing strategy

MCO PAY-FOR-QUALITY (P4Q) MEASURES

HEDIS Measures

- W34: Well-child Visits at 3, 4, 5, & 6 yrs. (STAR, CHIP)
- AWC: Adolescent Well-Care Visits (STAR, CHIP)
- PPC: Prenatal Care and Postpartum Care (STAR only)
- AMM: Anti-depressant Medication Management (STAR+PLUS)
- CDC: HbA1c Control <8 (STAR+PLUS)
- PPE: Potentially Preventable Events
  - PPA: Potentially Preventable Hospital Admissions (STAR, CHIP, STAR+PLUS)
  - PPR: Potentially Preventable Hospital Re-Admissions (STAR, STAR+PLUS)
  - PPV: Potentially Preventable ED visits (STAR, CHIP, STAR+PLUS)
  - PPC: Potentially Preventable Complications (STAR, STAR+PLUS)

PERFORMANCE IMPROVEMENT PROJECT (PIP) TOPICS

- In 2014, HHSC began making PIPs range from 2-3 years in duration rather than annual
- In August 2015, HHSC began allowing MCOs to partner with DSRIP providers on PIPs (can also collaborate with another MCO or DMO)
- All MCOs were required to do a collaborative PIP in 2016 if not already doing one or theirs was expiring
- MCOs with assigned behavioral health topics for 2016 must work with their contracted Behavioral Health Organization (BHO) but doesn't currently count as a "collaborative PIP"

Assigned 2016 PIP Topics:

- ➢ Increase access to & utilization of outpatient care to reduce PPVs due to respiratory tract infections (URTIs).
- **Measure:** URTI PPVs
- ➢ Improve care transitions & care coordination to reduce behavioral health-related admissions and readmissions.
- **Measures:** FUH 7-day; FUH 30-day; AMM; IET; BH-Related PPAs; BH-Related PPRs; All cause readmissions

ADDITIONAL HHSC MEDICAID MANAGED CARE QUALITY INITIATIVES

- MCO Report Cards
- HHSC Quality of Care Measures
- Quality Assessment & Performance Improvement Program Summary Reports (QAPI)

OTHER MANAGED CARE QUALITY MEASURES

- Quality Improvement Projects (QIPS/Marketplace)
- Accreditation Measures (URAC)
- THSteps/Frew Measures
- Special Populations/Superuser Report
- Additional internally designated measures/initiatives

Current Landscape

REGION 3

Waller
Austin
Harris
Chambers
Colorado
Fort Bend
Wharton
Matagorda
Calhoun

Counties in Regional Health Care Partnership (RHP) 3

Esri, HERE, DeLorme, MapmyIndia, © OpenStreetMap contributors, and the GIS user community

RHP3 Managed Care Service Providers

- Harris & Jefferson
  - Amerigroup
  - Community Health Choice
  - Molina
  - Texas Children's
  - United Healthcare
- MSRA Central
  - Amerigroup
  - Cigna-HealthSpring
  - Scott & White
  - Superior
  - United Healthcare

Where we are now:

- 177 projects
- 26 Performing Providers
- Learning Collaborative
- Category 3 Measures
- Category 4 Reporting
- Waiver extension

Performing Providers

- Baylor College of Medicine
- City of Houston
- Columbus Community Hospital
- El Campo Memorial Hospital
- Fort Bend County
- Gulfbend Center
- Harris Health System
- Harris County Public Health & Environmental Services
- HCA – West Houston Medical Center
- HCA – Bayshore Medical Center
- Matagorda Regional Medical Center
- Memorial Hermann Hospital
- Memorial Hermann Hospital – Northwest
- Mental Health & Mental Retardation Authority of Harris County (MHMRA)
- Oakbend Medical Center
- Memorial Medical Center – Port Lavaca
- Rice Medical Center
- Spindletop Center
- St. Joseph's Medical Center
- St. Luke's Episcopal Medical Center
- Texas Children's Hospital
- Texana Center
- The Methodist Hospital
- The Methodist Hospital – Willowbrook
- University of Texas Health Science Center
- University of Texas – MD Anderson

Projects by Provider

Provider	Number of Projects
Baylor College of Medicine Grants and Contracts De	1
CHCA Bayshore LP dba Bayshore Medical Center	2
CHCA West Houston LP dba West Houston Medical Cent	1
City of Houston	15
Columbus Community Hospital	1
El Campo Memorial Hospital	1
Fort Bend County	8
Gulf Bend MHMR Center	1
Harris County Hospital District	22
Harris County Public Health & Environmental Services	5
Houston Methodist Hospital	1
Matagorda County Hospital District dba Matagorda R	3
Memorial Hermann Hospital Southwest dba Memorial H	4
Memorial Hermann Hospital System (The Woodlands)	5
Memorial Medical Center	5
Methodist Willowbrook	1
MHMRA of Harris County	27
Oak Bend Medical Center	9
Rice Medical Center	8
Spindletop Center	2
St Joseph Medical Center LLC	2
St. Luke's Episcopal Hospital	2
Texana Center	5
Texas Children's Hospital	17
Unv of Tx HSC at Houston-UTHSC Sponsored Projects	22
UT MD Anderson Cancer Center	7
Grand Total	**177**

Other Project Information

Target Population	Number of Projects
Both	172
Low-income uninsured	1
Medicaid	4
Grand Total	**177**

Project Type	Number of Projects
Behavioral health	54
Chronic Care Management	17
Health Promotion/Disease Prevention	17
Oral Health	3
Palliative Care	2
Patient Navigation/Care Coordination/Care Transitions	24
Patient-Centered Medical Homes	3
Primary Care Expansion/Redesign	42
Process Improvement/Patient Experience	12
Workforce development	3
Grand Total	**177**

DSRIP Initiatives With Possible Alignment

- Infrastructure Development
- Program Innovation & Design
- Category 3 Outcomes
- Robust Health Information

Potential Challenges

- Medicaid Population Doesn't always Overlap
- High Percentage of Uninsured Patients
- Scope/Scale of Projects
- Variety of Arrangement Possibilities
- New Venture for Some Providers
- No Prescribed Structure for Collaboration
- Incentives Not Always Aligned

MANAGED CARE ALIGNMENT RHP 3 ROAD MAP

Integration | Cost Savings | Patient Experience | Improved Outcomes

DSRIP Activities ↔ MCO Activities

- Population Statistics Tracking
- Health Information Exchanges
- Care Coordination & Case Management Programs
- Medical Home Projects
- Integrated Holistic, “whole person” Projects
- Aligned Project Outcome Measures with MCO Quality Measures
- Value Based Purchasing
- Collaborative Performance Improvement Project s (PIP)

REGIONAL RESOURCES

MCO/PROVIDER MAP

Regional Health Care Partnership (RHP) 3
Overview of 1115 Waiver DSRIP Projects

Access to RHP 3 Plan:
RHP 3 Plan Documents

Medicaid Rural Service Area Harris (MRSA Harris, Jefferson and Central) STAR: Amerigroup, Community Health Choice, Molina, Texas Children's, United STAR+PLUS: Amerigroup, Molina, United Star Kids: Amerigroup, Texas Children's United CHIP: Amerigroup, Community Health Choice, Molina, Texas Children's, United RHP 3 Counties: Austin, Calhoun, Chambers, Colorado, Ft. Bend, Harris, Matagorda, Waller, Wharton **HHSC Texas Managed Care Service Areas Map Effective Fall, 2016*					Quantifiable Patient Impact- Encounters or Individuals
Organization/Provider Name and Project Lead/Contact Name	**Primary Project-Program Type**	**Project- Program Title**	**Brief Summary of Project & Services**	**County Served**	**QPI DY3-5**
Harris Health System **Amanda Callaway** **713-566-6033** Amanda.Callaway@harrishealth.org	**Primary:** Primary Care	Expand Primary Care Access - Monroe Clinic	Expand the capacity of primary care by establishing an adult-focused primary care same day access clinic that offers same day visits during extended hours.	Harris	31,000
	Primary: Adult Behavioral Health	Expansion of Adult Behavioral Health Services	Enhance service availability of appropriate levels of behavioral health care by expanding mental health services in the ambulatory care setting.	Harris	9,200
	Primary: Chronic Care/ Primary Care	Disease Registry and Disease Management	Develop a disease management registry to use system-wide to ensure providers and clinical staff has access to determine patient status and identify physical, psychosocial and emotional needs of the chronically ill patients.	Harris	45,500
	Primary: PT/OT	Physical & Occupational Therapy Services Expansion at LBJ Outpatient Rehabilitation Services	Increase the number of outpatient physical and occupational therapy providers in order to improve access and meet unmet demand for patients who are being referred for services from NCQA medical homes and specialty clinics.	Harris	48,384
	Primary: Primary Care	Establish Same Day Clinic - Sunset Heights	Expand the capacity of primary care by establishing an adult-focused primary care that offers same day visits during extended hours.	Harris	31,000

Southeast Texas Regional Healthcare Partnership

Medicaid Rural Service Area Harris (MRSA Harris, Jefferson and Central) **STAR: Amerigroup, Community Health Choice, Molina, Texas Children's, United** **STAR+PLUS: Amerigroup, Molina, United** **Star Kids: Amerigroup, Texas Children's United** **CHIP: Amerigroup, Community Health Choice, Molina, Texas Children's, United** **RHP 3 Counties: Austin, Calhoun, Chambers, Colorado, Ft. Bend, Harris, Matagorda, Waller, Wharton** **HHSC Texas Managed Care Service Areas Map Effective Fall, 2016*					
Organization/Provider Name and Project Lead/Contact Name	**Primary Project-Program Type**	**Project- Program Title**	**Brief Summary of Project & Services**	**County Served**	**QPI**
Harris Health System **Amanda Callaway** **713-566-6033** Amanda.Callaway@harrishealth.org	**Primary:** Quality Improvement – Primary & Specialty Care	Restructure Outpatient Laboratory Medicine	Address the inefficiency of specialty clinics (focusing primarily on diabetes and rheumatology clinics) by making possible ordering best practices diagnostic algorithmic workups and eliminating the current practice of sequential ordering of individual tests.	Harris	16,500
	Primary: Quality Improvement	Innovation Center for Quality	Establish a Center of Innovation to expand quality improvement capacity through people, processes and technology so that the resources are in place to conduct, report, drive and measure quality improvement.	Harris	9,200
DSRIP Project Quality Outcomes Summary: *Harris Health System's Quality Outcomes focus on Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate, Risk Adjusted All-Cause Readmission, Improved Cost Savings: Demonstrate cost savings in care delivery - Cost Minimization Analysis, Reduce Emergency Department visits for Diabetes, Care Transition: Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care), RAND Short Form 12 (SF-12v2) Health Survey, Chronic Disease Patients Accessing Dental Services Median Time from ED Arrival to ED Departure for Discharged ED Patients, Emergency department (ED) visits where patients left without being seen, Topical Fluoride application, Pre-term birth rate, Adult tobacco use, Hospice and Palliative Care – Proportion admitted to the ICU in the last 30 days of life, Urgent Dental Care Needs in Children: Percentage of children with urgent dental care needs, Pneumonia vaccination status for older adults, Influenza Immunization – Ambulatory, Diabetes care: HbA1c poor control (>9.0%), Diabetes care: Foot exam, Third next available appointment and Patient Health Questionnaire 9 (PHQ-9)*				*Medicaid Population Average* ***14.50%*** *Low Income Uninsured Population Average* ***58.97%***	

Average MLIU Patient Population across all projects within a Performing Provider's portfolio through October DY4

Category 3 quality outcomes associated with the Performing Provider's portfolio of projects

Southeast Texas Regional Healthcare Partnership

Questions

BREAKOUT SESSIONS

Breakout Session Topics

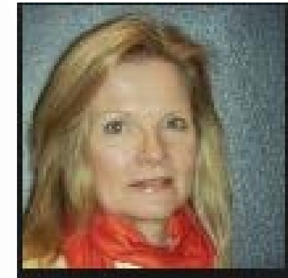
- 1:00 – 2:00 –1st set of Breakout Sessions
  - QPI Achievement –Quality Improvement
  - Category 3 Discussions – Primary Care Measures
  - MCO Collaborations Discussion – The Harris Center and UnitedHealth Group, Optum Health
- 2:30 – 3:30 –2nd set of Breakout Sessions
  - QPI Achievement- Quality Improvement
  - Category 3 Discussions –Behavioral Health Measures
  - MCO Collaborations Discussion -Texas Children's Hospital & Texas Children's Health Plan
- 3:30 – 4:30 –3rd set of Breakout Sessions
  - QPI Achievement- Quality Improvement
  - Category 3 Discussions –Pediatric Measures
  - MCO Collaborations Discussion -The Harris Center and Amerigroup

CLOSING AND FINAL REMARKS

YOUR ANCHOR TEAM

Southeast Texas Regional Healthcare Partnership

Texas Healthcare Transformation and Quality Improvement Program ✩ Medicaid 1115 Waiver



TIMELINE

- Learning Collaborative - NOW!
- April Reporting Feedback - June 8, 2016
- Category 1, 2 & 3 & 4 Compliance Monitoring - Ongoing
- DY6 Protocols –Summer 2016
- Draft UC Analysis- July 2016
- Final UC Analysis - August 2016
- Statewide Learning Collaborative, August 30-31st

Reminders

- Event Evaluation
  - Your feedback helps us improve Learning Collaborative activities
    - Event Evaluation
- Distribution List Sign-Up

Commitment to Participate in "Raise the Floor" Initiatives

It is understood that this commitment form is to signify the good and true intent to participate in the following Learning Collaborative activities as presented on June 8- 9, 2016 at the Region 3 Learning Collaborative: (Please check all that apply)

________ Identify and meet with a Managed Care Organization (MCO) to discuss potential DSIP collaborations
________ Complete the Behavioral Health Gap Analysis Survey by 08/30/2016
________ Participate in the Quality Plan Advisory Committee
________ Participate in the Readmissions Cohort by completing the RHP3 readmissions inventory survey by 06/30/16.
________ Participate in the Behavioral Health Cohort by completing the integrated care Assessment based on SAMHSA-HRSA Standard Framework for Levels of Integrated Healthcare Assessment by 07/30/16
________ Participate in the EC Utilization Cohort by organizing a primary care and behavioral health DSRIP ER Road show with your Organization's ER and navigation leadership.

Date ________________________________ Organization ________________________________

Name ________________________________ Signature ________________________________

This is a non-binding commitment and serves the purpose of tracking Performing Provider participation intentions as required for Learning Collaborative milestones and metrics reporting. This also allows the Region 3 Anchor to maintain Providers and other Stakeholders actively involved in Learning Collaborative activities.

QUESTIONS?

setexasrhp@harrishealth.org