DY7-8 LEARNING COLLABORATIVE

Regional Healthcare Partnership 3
Texas DSRIP – 1115 Waiver

January 30, 2018

Welcome

Amanda Callaway

Associate Administrator of Mission Advancement
Harris Health System

Region 3's Waiver 1.0 Experience

Dr. Lee Revere

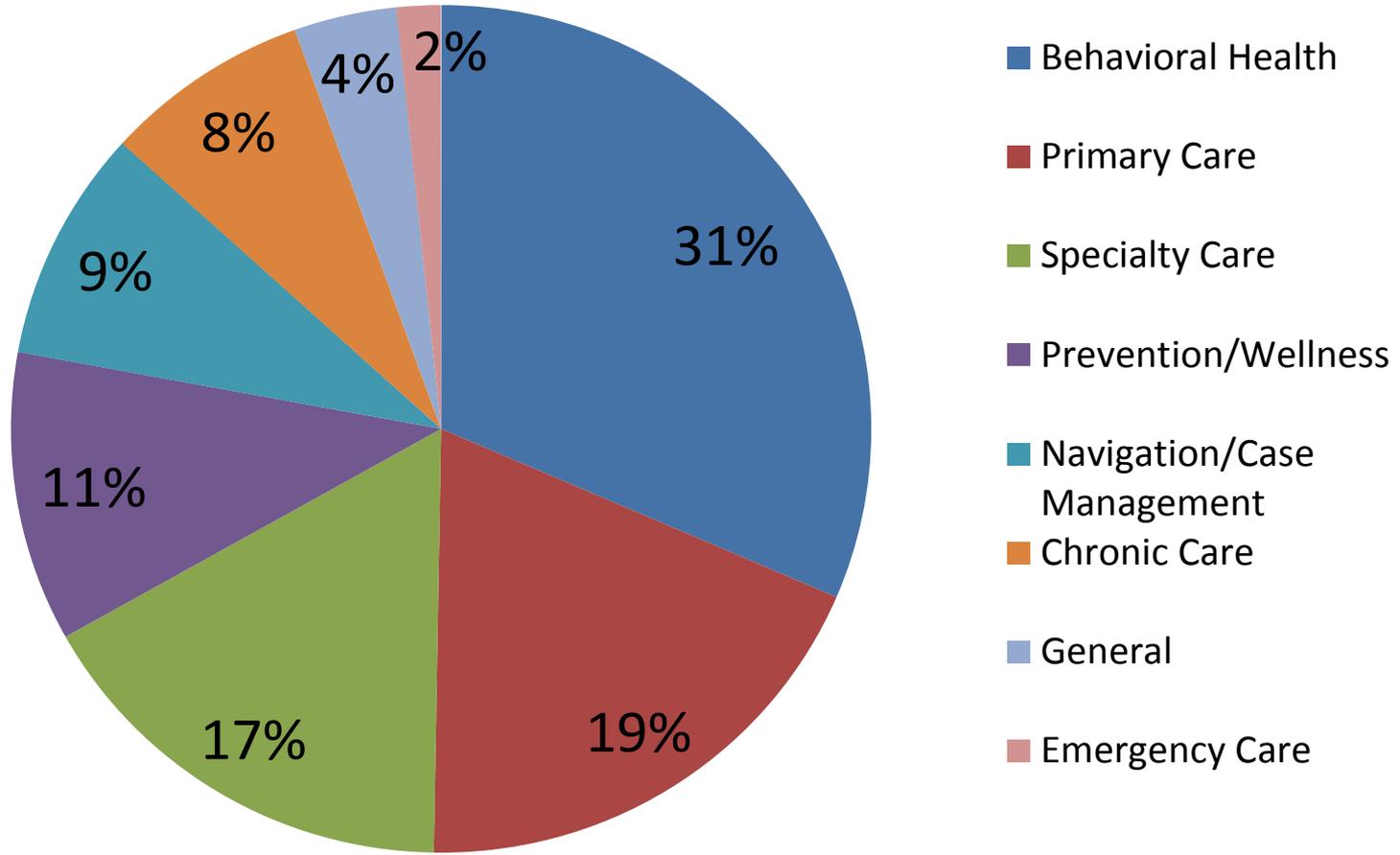*Associate Professor and Program Director of Healthcare Management*
UT School of Public Health

Where We Started: 2012 CHNA

- Inadequate number of primary and specialty care providers and lack of coordination

- High prevalence of chronic disease (diabetes, heart disease, asthma, cardiovascular disease, cancer)

- High number of uninsured patients

- High prevalence of behavioral health conditions and lack of an integrated care solution

- Diverse population that includes a large number of immigrants speaking more than a dozen different languages

- Insufficient transportation services that delay patients' access to care

- High prevalence of unhealthy lifestyle behaviors including smoking, substance abuse, lack of exercise, and poor nutritional habits

Interventions: 181 projects in DY3

Pie chart:
- Behavioral Health — 31%
- Primary Care — 19%
- Specialty Care — 17%
- Prevention/Wellness — 11%
- Navigation/Case Management — 9%
- Chronic Care — 8%
- General — 4%
- Emergency Care — 2%

Interventions: Learning Collaboratives

Cohorts and workgroups

- Patient Navigation (DY3-5)
- Emergency Center Utilization (DY3-5)
- Primary Care/Specialty Care Cohort (DY3-5)
- Collaboration Best Practices Cohort (DY4)
- Readmissions Cohort (DY4)
- Data Advisory Group (DY3-present)
- Behavioral Health (DY3-present)
- Sustainability Committee (DY6)
- Strategic Partnerships (DY6)
- Regional Quality Plan (DY6)

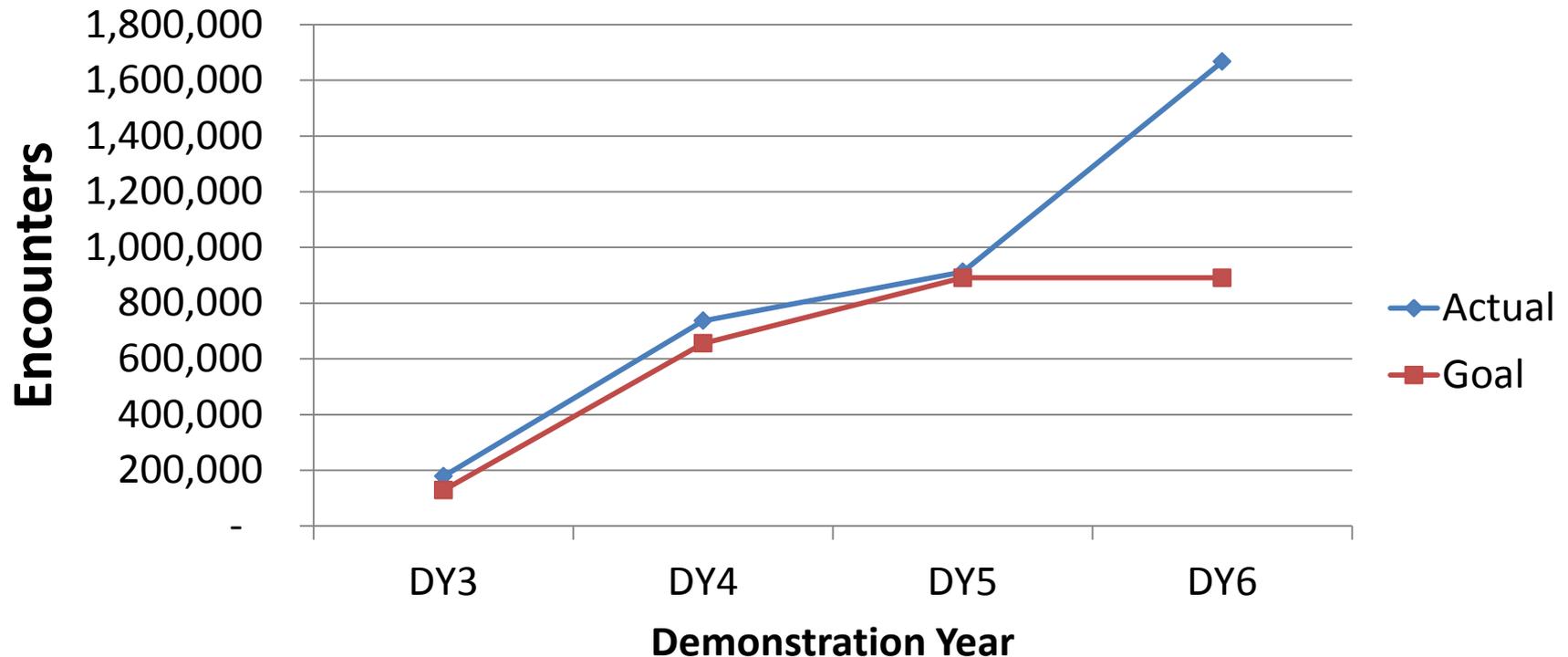# Outcomes: Population Impact

Individuals Served DYs 3-6
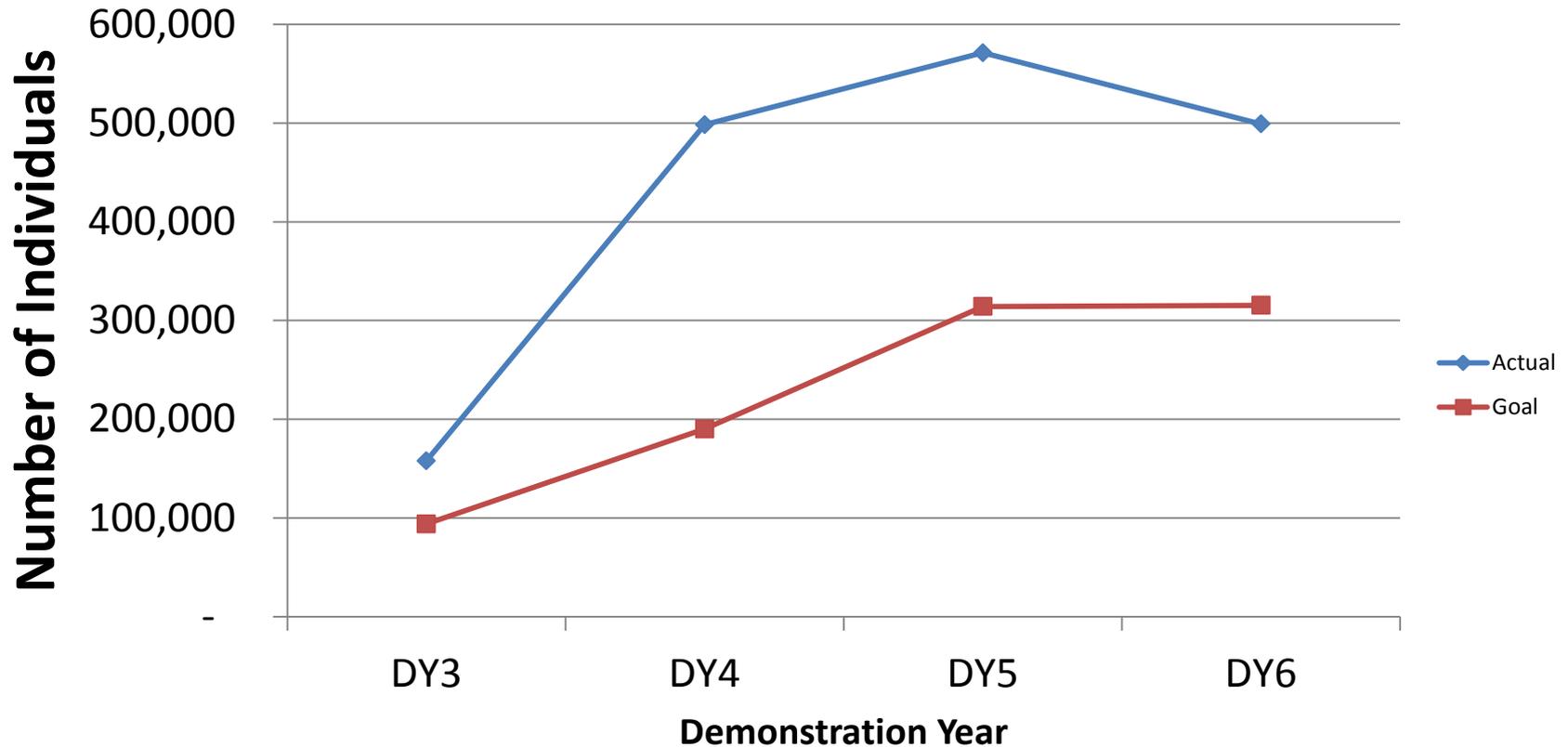
Total of 913,665 Individuals Served DYs 3-6!

*Individual and encounter data pulled online DSRIP reporting tool; excludes pre-DSRIP baseline populations.
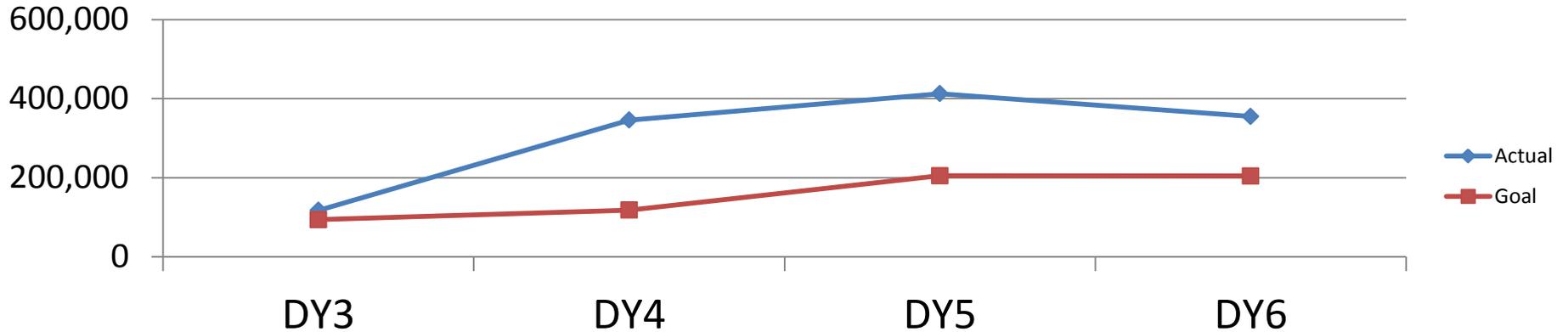
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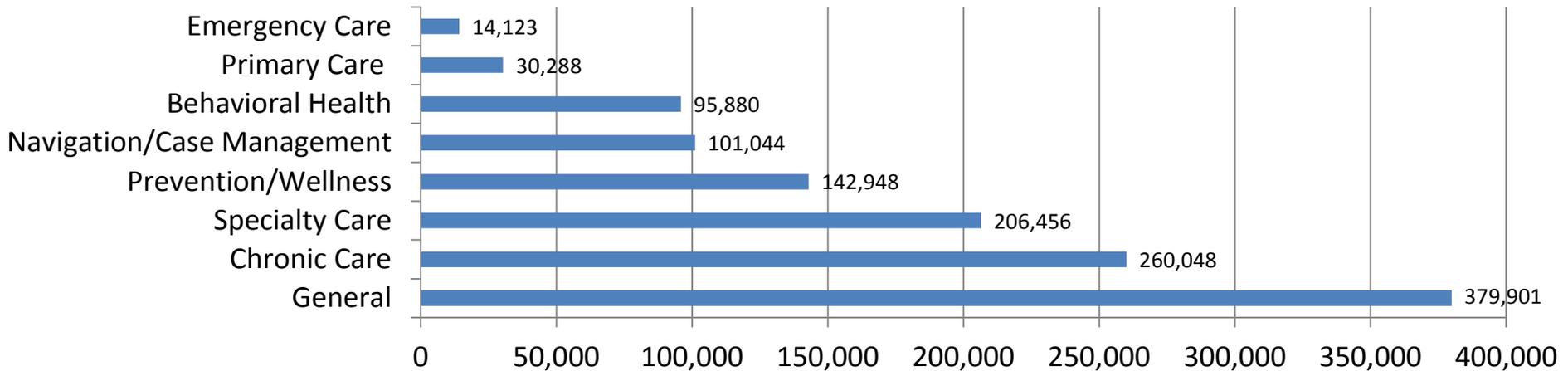# Outcomes: Population Impact

Encounters DYs 3-6

Total of 3,495,319 Encounters DYs 3-6!

Outcomes: Target Population Impact

MLIU Individuals: Goal vs Actual DYs 3-6

DY3-6 MLIU Individuals Served by Category

Category	Value
Emergency Care	14,123
Primary Care	30,288
Behavioral Health	95,880
Navigation/Case Management	101,044
Prevention/Wellness	142,948
Specialty Care	206,456
Chronic Care	260,048
General	379,901

*Individual and encounter data pulled online DSRIP reporting tool; excludes pre-DSRIP baseline populations.

9

Outcomes: Target Population Impact

MLIU Encounters: Goal vs Actual DYs3-6
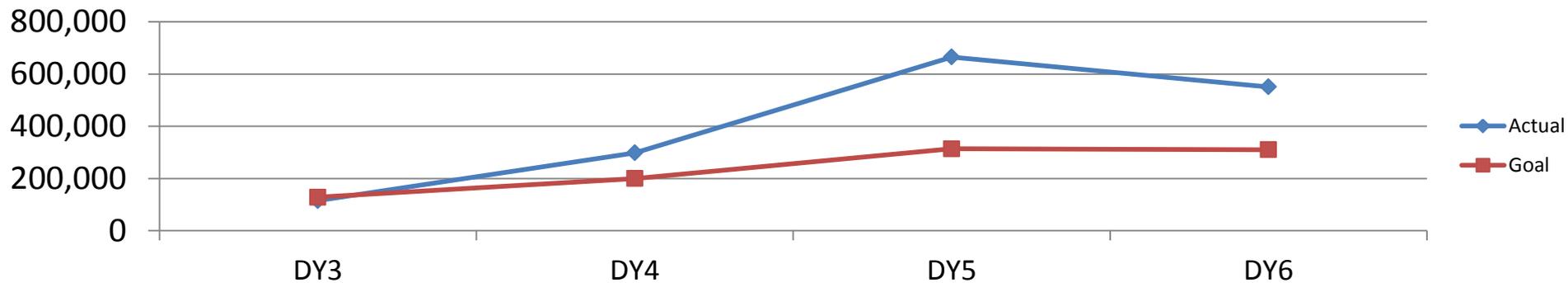
DY3-6 MLIU Encounters by Category

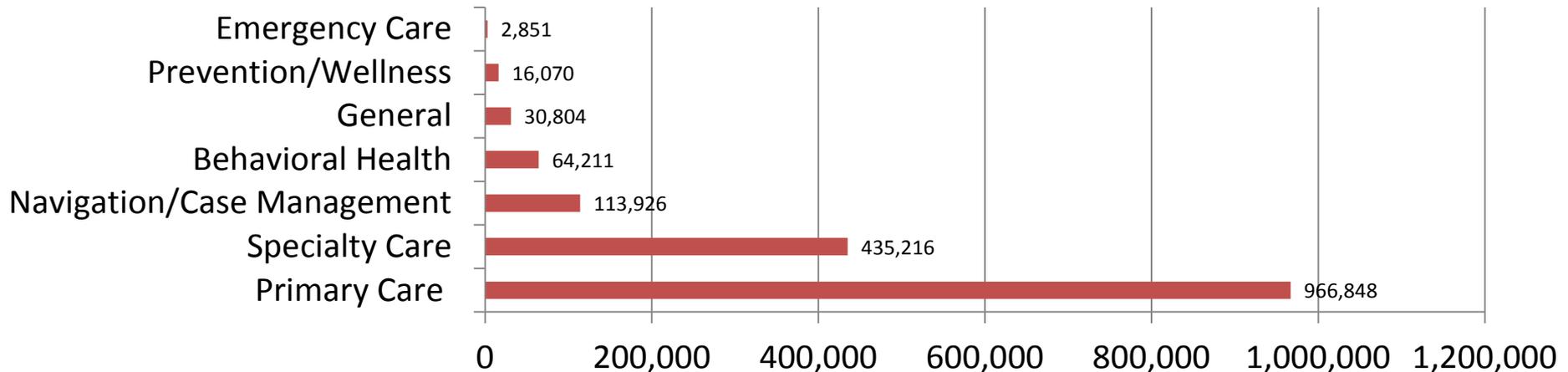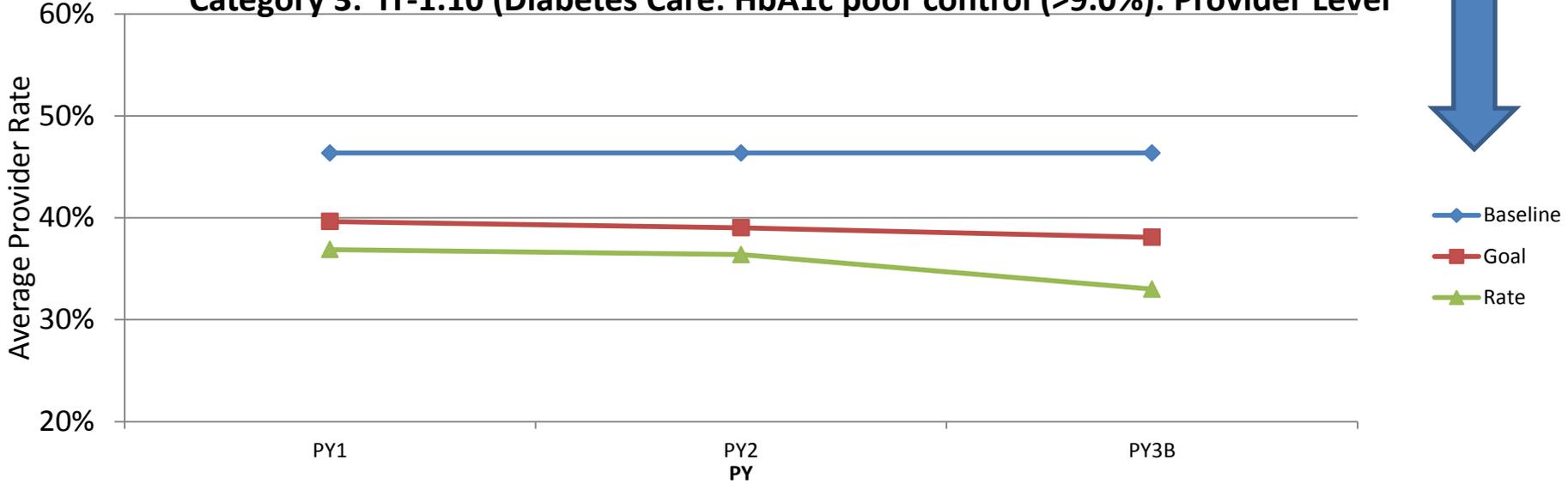| Category	Value
Emergency Care	2,851
Prevention/Wellness	16,070
General	30,804
Behavioral Health	64,211
Navigation/Case Management	113,926
Specialty Care	435,216
Primary Care	966,848

*Individual and encounter data pulled online DSRIP reporting tool; excludes pre-DSRIP baseline populations.
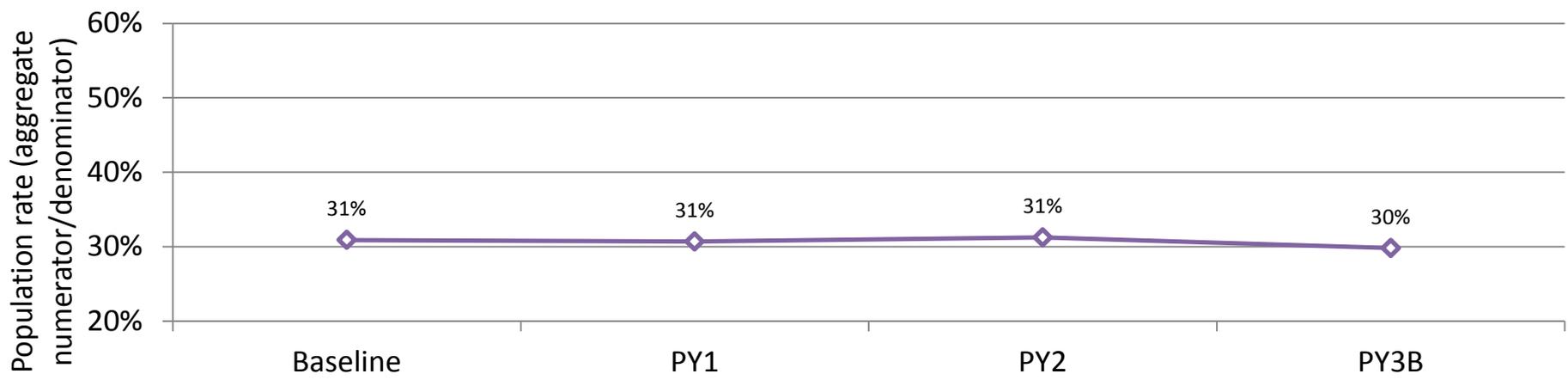
Outcomes: Highest $ Category 3s in RHP3

IT #	IT Measure	DY4 % Achieved	DY5 % Achieved	DY6 % Achieved
IT-1.10	Diabetes care: HbA1c poor control (>9.0%)	65%	49%	49%
IT-9.4.e	Reduce Emergency Department visits for Behavioral Health/Substance Abuse	87%	91%	30%
IT-3.3	Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	71%	100%	70%
IT-10.1.a.v	Pediatric Quality of Life Inventory (PedsQL)	100%	97%	96%
IT-11.26.e.i	Patient Health Questionnaire 9 (PHQ-9)	100%	100%	100%
IT-12.6	Influenza Immunization - Ambulatory	100%	100%	99%
IT-12.4	Pneumonia vaccination status for older adults	97%	98%	100%
IT-1.7	Controlling high blood pressure	100%	97%	98%
IT-1.13	Diabetes care: Foot exam	100%	100%	100%
IT-1.25	Comprehensive Diabetes Care LDL-C Screening	100%	95%	100%
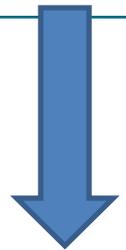
Category 3: IT-1.10 (Diabetes Care: HbA1c poor control (>9.0%): Provider Level

Average Provider Rate

Legend:
- Baseline
- Goal
- Rate

X-axis: PY1, PY2, PY3B (PY)

Category 3: IT-1.10 (Diabetes Care: HbA1c poor control (>9.0%): Population Level

Population rate (aggregate numerator/denominator)

- Baseline: 31%
- PY1: 31%
- PY2: 31%
- PY3B: 30%

Around 82,000 individuals are included in the denominator each PY; Baseline n=13; PY1 n=12; PY2 n=13; PY3B n=12

Category 3: IT-9.4.e Reduce Emergency Department Visits for Behavioral Health/Substance Abuse: Provider Level
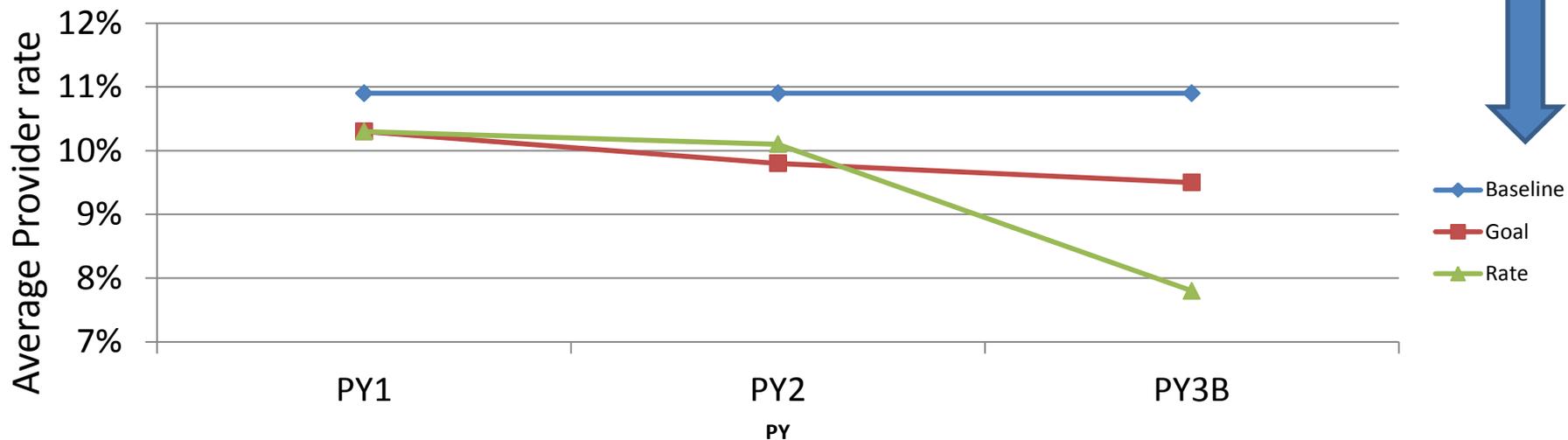
IT:9.4.e. Reduce Emergency Department Visits for Behavioral Health/Substance Abuse: Population Level
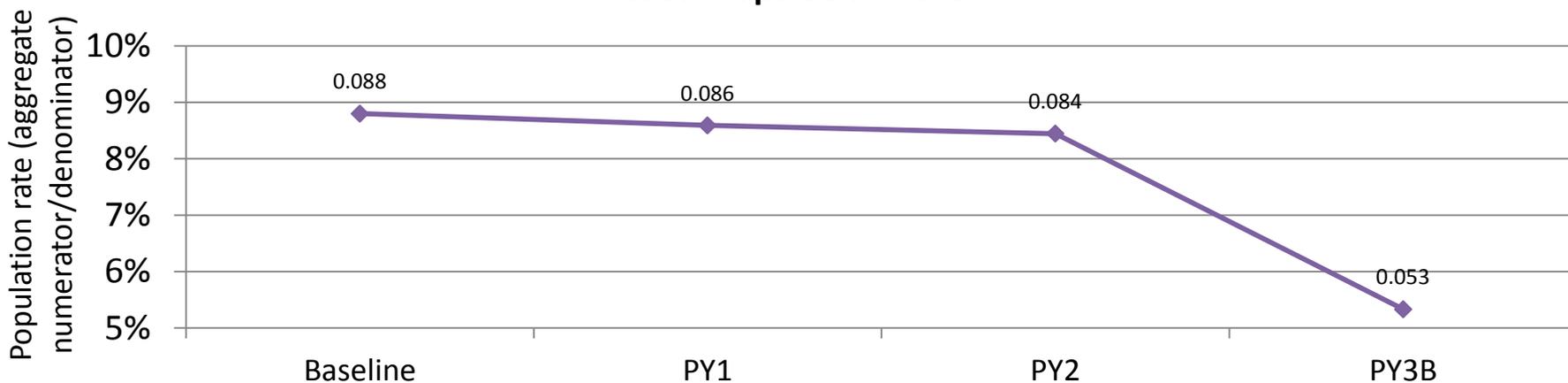
Around 557,000 individuals are included in the denominator during PY3; Baseline, PY1, PY2 n=7; PY3B n=5

Category 3: IT-3.3 Risk Adjusted* Congestive Heart Failure (CHF) 30 day Readmission Ratio: Provider Level
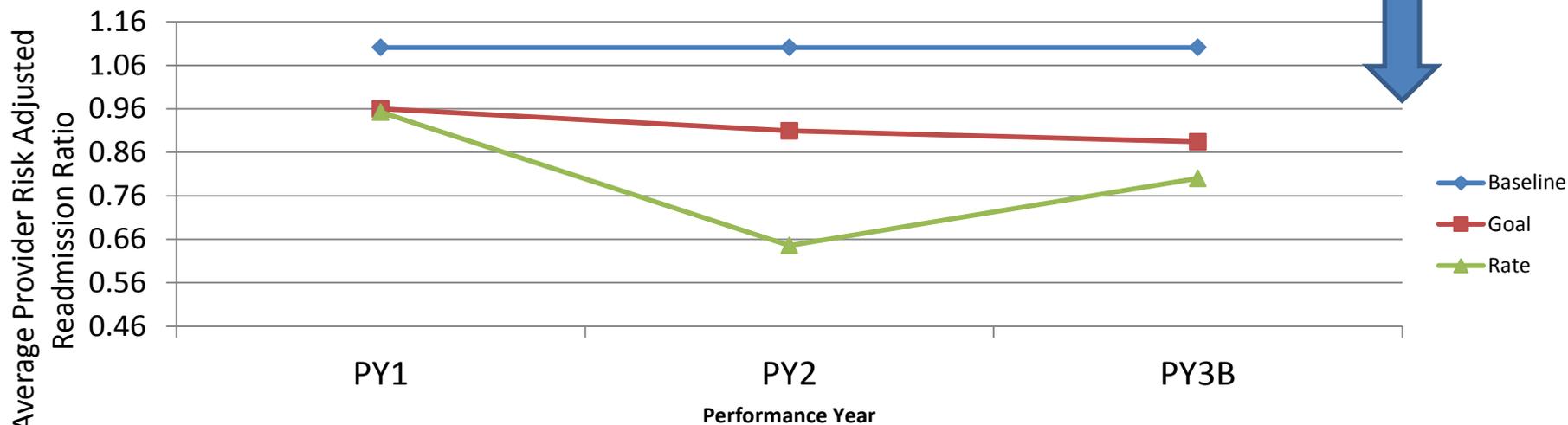
Category 3: IT-3.3 Risk Adjusted* Congestive Heart Failure (CHF) 30 day Readmission Ratio: Population Level
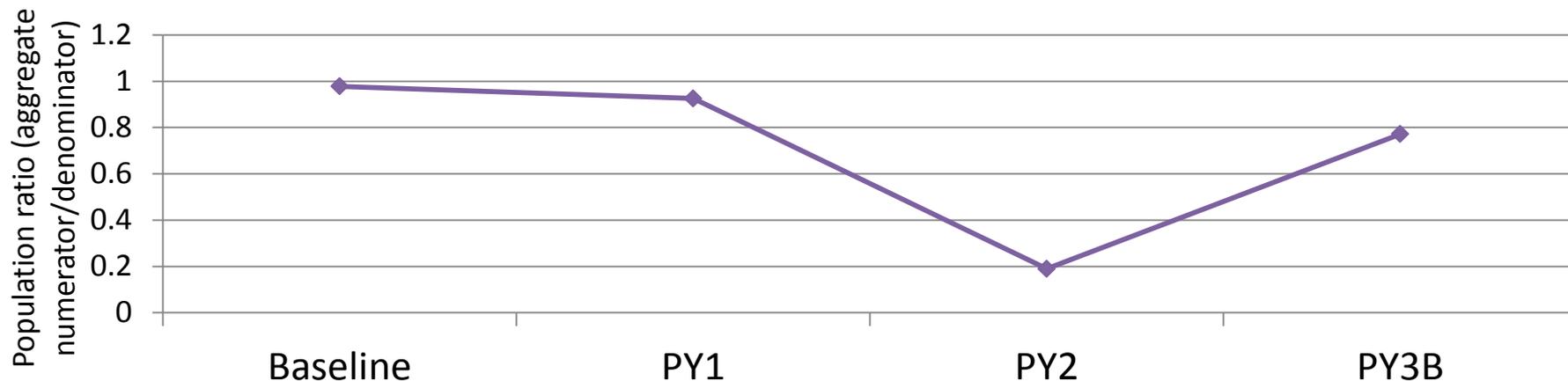
*Risk adjusted: observed/expected

14

Outcomes: Category 3 Achievement

Category 3 Achievement

Legend:
- Carry Forward*
- Loss of Funds
- Achieved
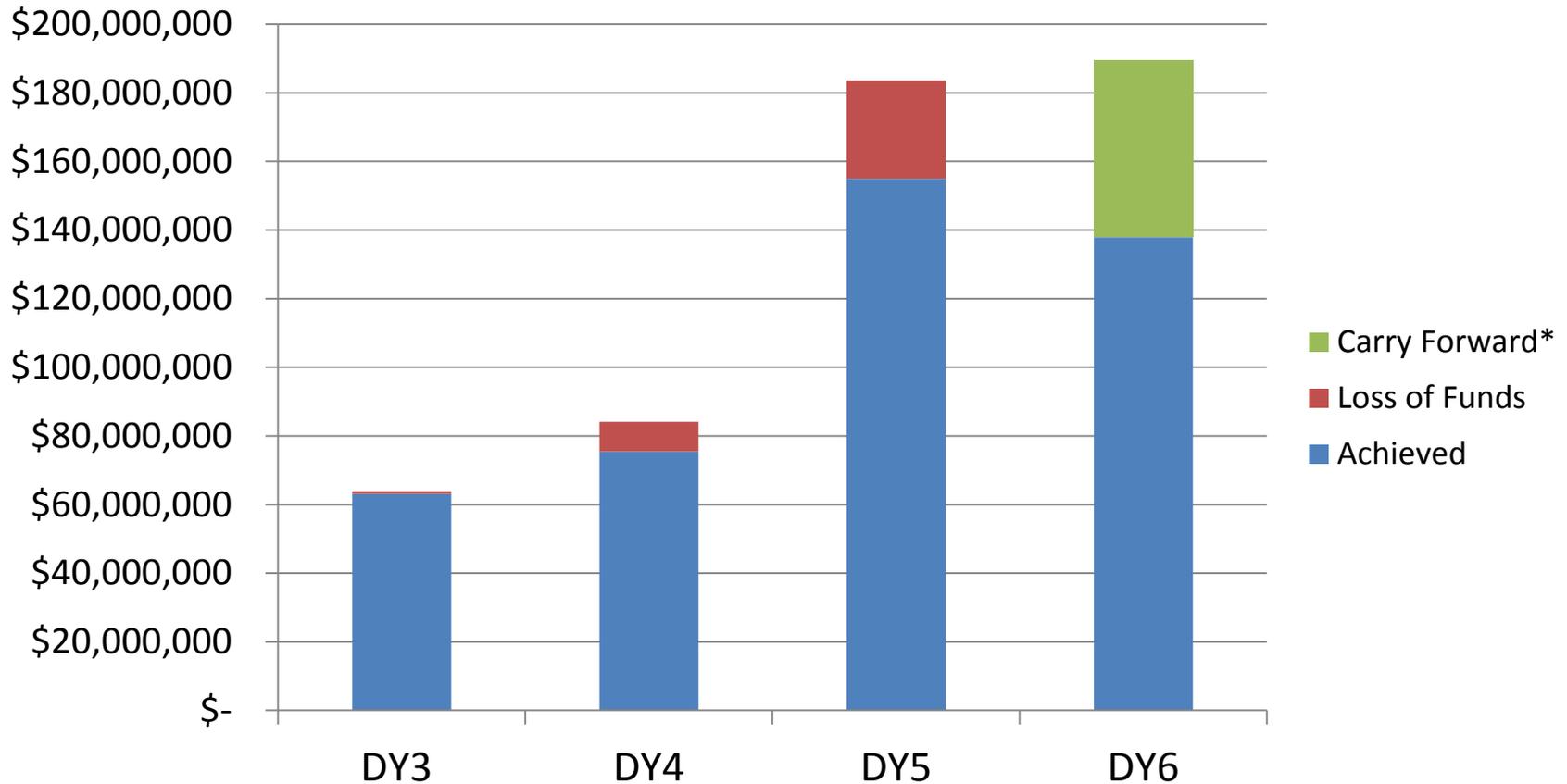
*DY6 Carry forward will be reported DY7

Outcomes: $ achieved in all Categories
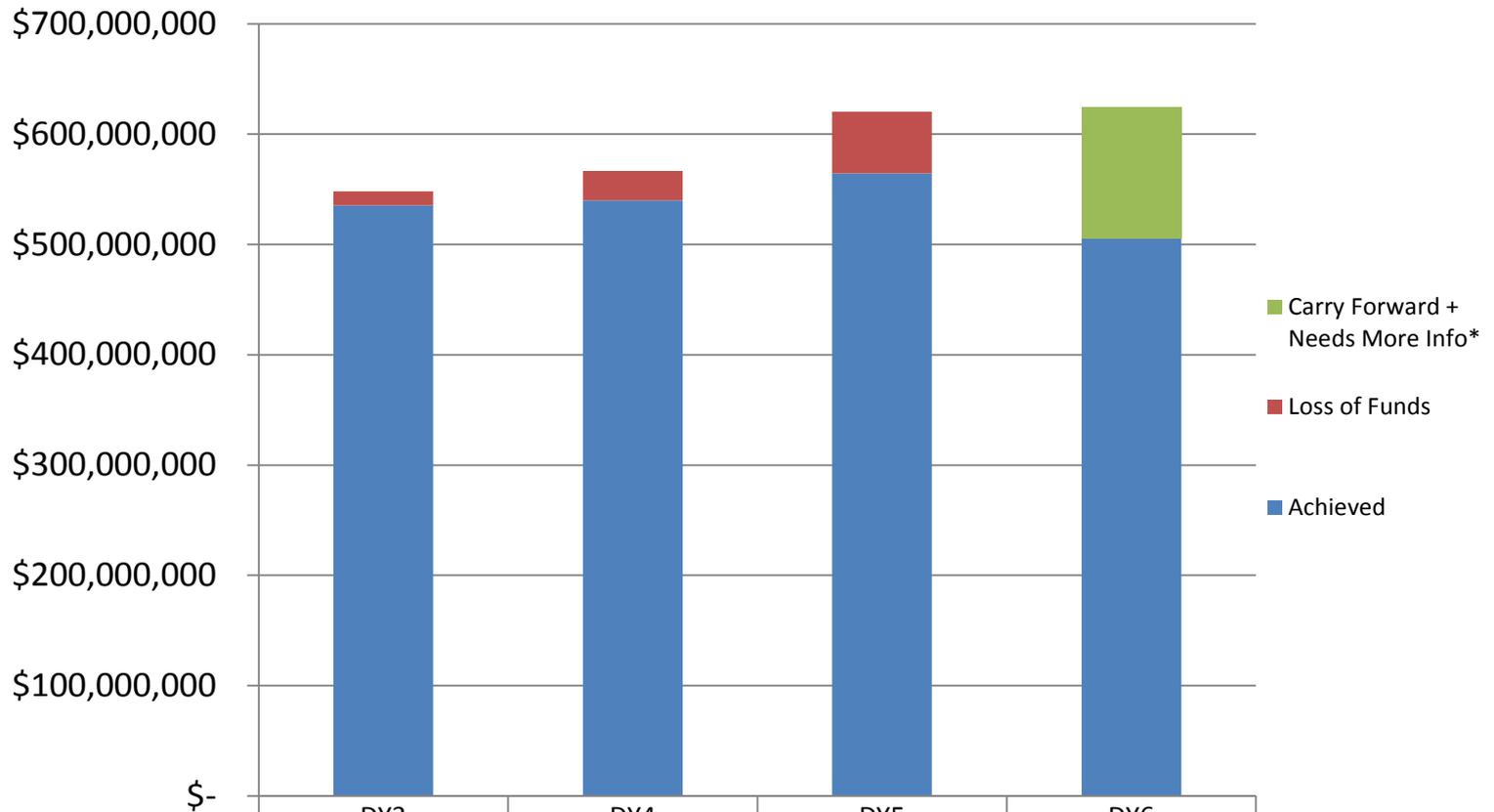
	DY3	DY4	DY5	DY6
Carry Forward + Needs More Info*				$118,746,494.47
Loss of Funds	$12,660,331.00	$26,793,510.90	$56,030,943.38	
Achieved	$535,338,848.90	$539,921,493.10	$564,436,726.86	$505,272,116.56

*DY6 CF reported in DY7; NMIs include Hurricane Harvey Exceptions

Moving forward

Successes

- Patient access

- Category 3 payment

Opportunities

- Carry Forward

- Hurricane Harvey payment delays

- NMIs to be reported

Great job Region 3!

Questions?
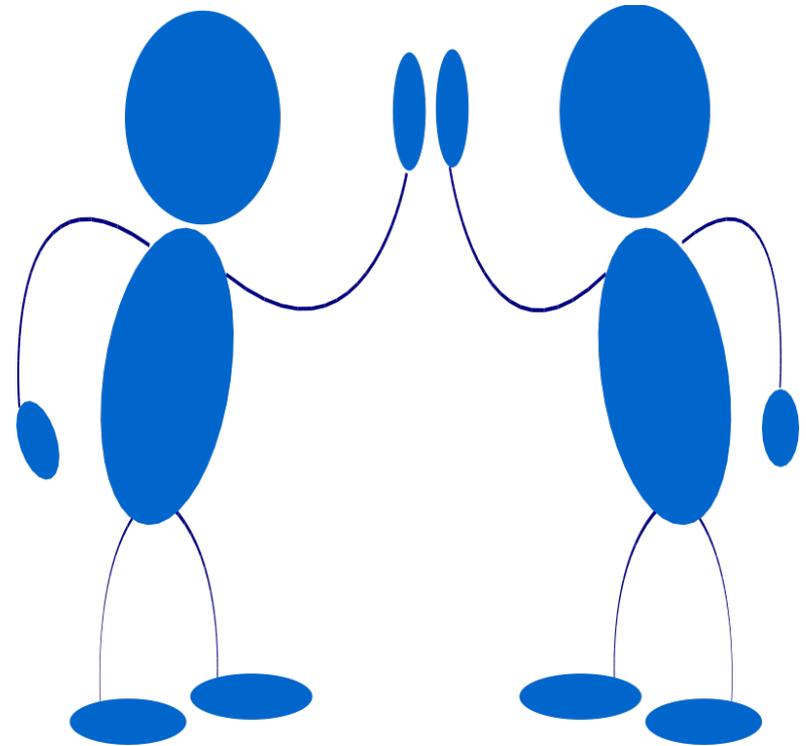
Indigent Care's Federal Policy Horizon

Barbara Eyman

Principal
Eyman Associates

Break   **9:45-10:00**

1115 Demonstration Waiver DSRIP Program Update

John Scott

Interim Director

Healthcare Transformation Waiver
HHSC

Gift basket drawing

Sonyia Sandhu
Regional Operations Liaison, Harris Health System

Nina Kavarthapu
Health System Strategy Analyst, Harris Health System

DRAFT DY7-8 RHP Plan Update

Jessica Granger

Manager - Health System Strategy Operations
Harris Health System

Agenda

- DSRIP 101

- Required RHP Plan Update components

- Draft RHP Plan

- Timeline and missing information

- Getting your feedback

Prepare to give real-time feedback!

- Take out your phone/laptop

- Open your browser

- Enter the URL:

PollEv.com/lc013018

- Answer the following:
  - Name
  - Organization

What is the name of your organization?

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

27

Texas DSRIP 101

Why DSRIP? Incentive payments to:

- Enhance access to care
- Increase the quality and cost-effectiveness of care provided
- Improve the health of patients and families served

How many dollars were made available to Texas?

- DSRIP = $3.1 billion/year (DY5)

Who could participate?

- Serve Medicaid Low-Income Uninsured patient population
- Projects addressing community needs
- IGT availability

Renewed: DY6 (Waiver "1.0" continued)

Texas DSRIP 101
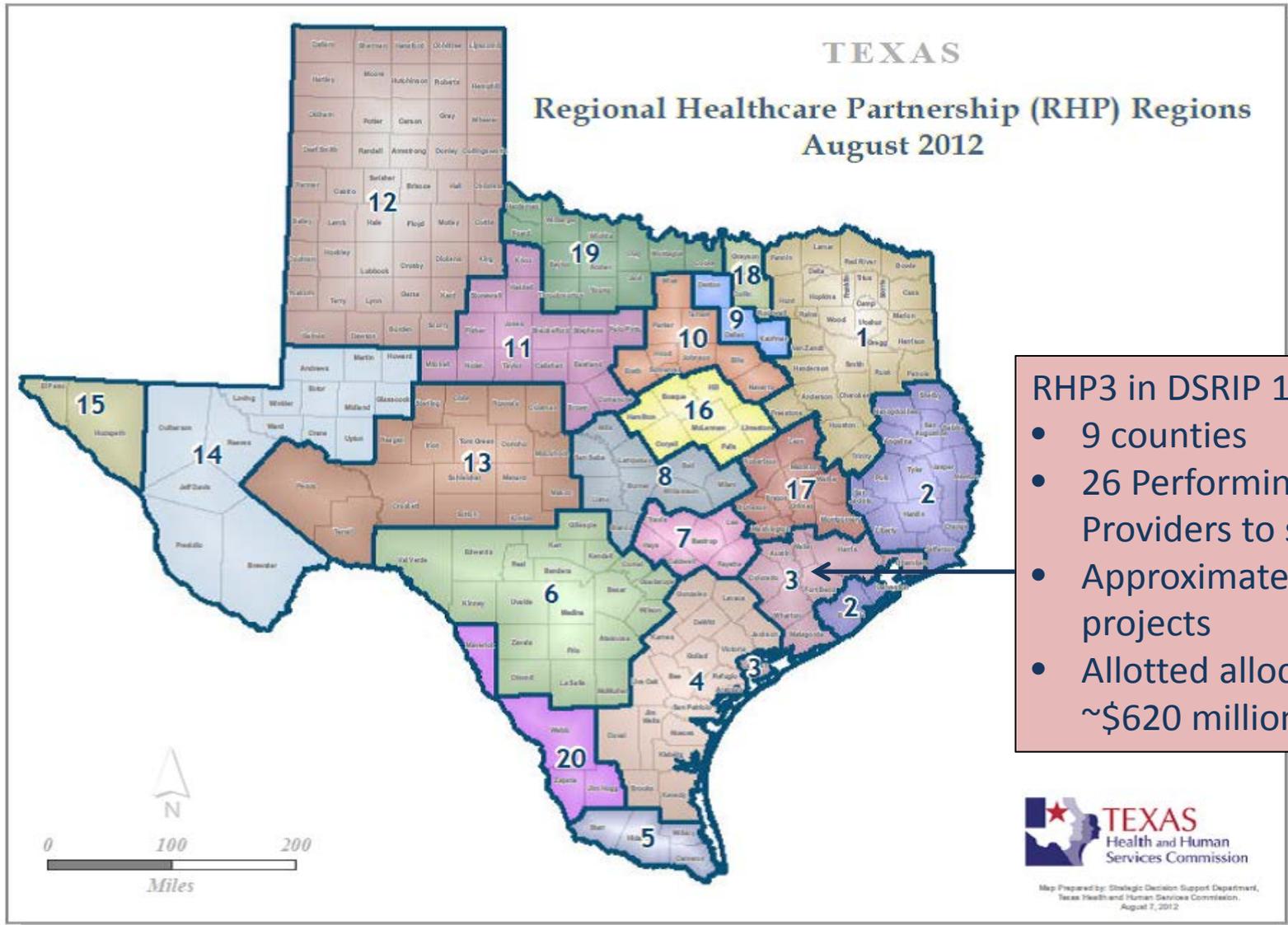
RHP3 in DSRIP 1.0
- 9 counties
- 26 Performing Providers to start
- Approximately 180 projects
- Allotted allocation ~$620 million in DY6

RHP3 DSRIP 101

- CMS renewed 1115 Waiver 12/19/17 for 5 years: DY7-11 ("Waiver 2.0")

- Program structure evolves from project level reporting to targeted measure bundles or measures that each DSRIP Performing Provider reports at a system level.

- Need to submit new RHP plan for new DSRIP

Required RHP Plan components

- Performing Providers and partners
- Each Performing Provider's:
  - System definition
  - Category A continuing projects and Core Activities
  - Category B MLIU patient count
  - Category C measure bundles/measure selections
  - Category D population level outcomes
  - Valuations
  - Certifications from leadership and IGT entities
- Community Needs
- Stakeholder Engagement

RHP3 DY7-8 Performing Providers

Community Mental Health Centers (CMHC) (2)

- Texana Center
- The Harris Center for Mental Health and IDD

Local Health Departments (LHD) (3)

- Fort Bend County
- Harris County Public Health
- City of Houston

Physician Practices (PP) (2)

- University of Texas Physicians
- Baylor College of Medicine

RHP3 DY7-8 Performing Providers

Hospital-based organizations (18)

- St. Joseph's Medical Center
- CHI St. Luke's Health
- Texas Children's Hospital
- MD Anderson Cancer Center
- Harris Health System
- Oakbend Medical Center
- Memorial Medical Center
- Rice Medical Center
- El Campo Memorial Hospital

- Houston Methodist Hospital
- Houston Methodist Willowbrook Hospital
- Memorial Hermann Hospital
- Memorial Hermann Northwest Hospital
- Tomball Regional Medical Center
- Bayshore Medical Center HCA
- West Houston Medical Center HCA
- Columbus Community Hospital
- Matagorda Regional Medical Center

RHP3 DY7-8 Valuation

- Max value allotted = $639.3 M per DY (in DY7-8)
  - Providers' DY6 valuation ($619.2 M)
  - Provider $ withdrawn or discontinued in earlier DYs ($20.1 M)
- RHP set to allocate 99.8% max value ($638.1 M)
- Break per Performing Provider type:
  - CMHCs = $95.3 M
  - LHDs = $52.3 M
  - Physician Practices = $92.5 M
  - Hospitals = $297.8 M
- How does this break down per county?
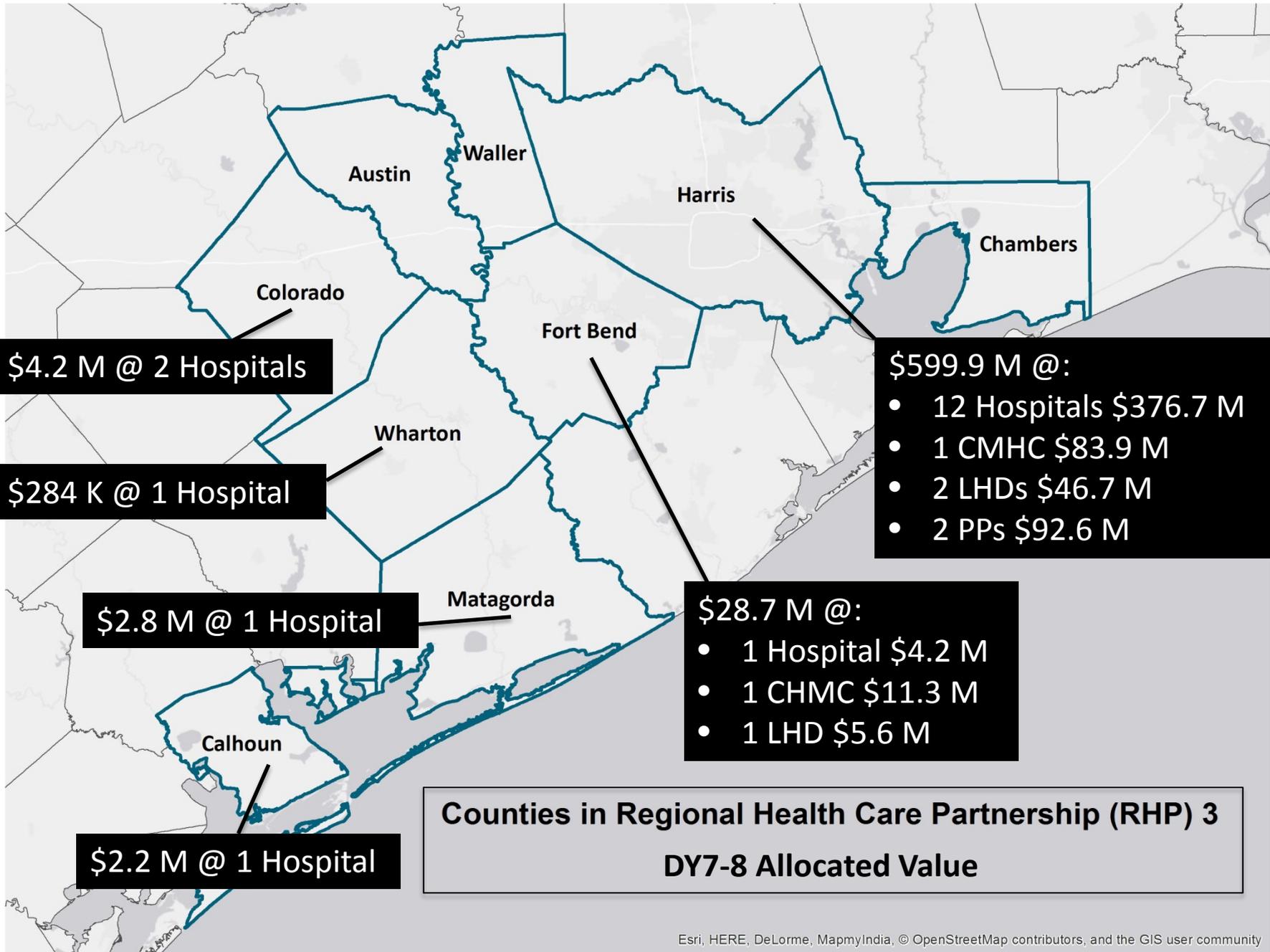
Counties in Regional Health Care Partnership (RHP) 3

DY7-8 Allocated Value

Map labels:

Waller
Austin
Harris
Chambers
Colorado
Fort Bend
Wharton
Matagorda
Calhoun

Callout boxes:

$4.2 M @ 2 Hospitals

$284 K @ 1 Hospital

$2.8 M @ 1 Hospital

$2.2 M @ 1 Hospital

$599.9 M @:
- 12 Hospitals $376.7 M
- 1 CMHC $83.9 M
- 2 LHDs $46.7 M
- 2 PPs $92.6 M

$28.7 M @:
- 1 Hospital $4.2 M
- 1 CHMC $11.3 M
- 1 LHD $5.6 M

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

Category B

Systems - Overview

- 25 unique delivery systems

- \> 281 unique care locations (plus community-based care)

- Aggregated all-payer patients > 1.38 million
  - 14/25 Performing Providers reporting estimates

- Aggregated MLIU patients > 283,500
  - 13/25 Performing Providers reporting estimates

Systems – Hospitals (18)

Component	# Performing Providers	# Unique Locations
Required		
Inpatient Services	18	27
Emergency Department	17	33
Owned or Operated Outpatient Clinics	10	> 100
Maternal Department	8	11
Owned or Operated Urgent Care Clinics	3	12
Optional		
Other (Mental Health Crisis Clinics)	1	3
Contracted Primary Care Clinics	2	8
School-based Clinics	2	15
Contracted Specialty Clinics	0	
Contracted Palliative Care Programs	0	
Contracted Mobile Health Programs	0	
No optional components	14	N/A

PPP = 1.2 million individuals (8/18 Provider estimates)

MLIU PPP = 283,400 individuals (6/18 Provider estimates)

Systems – Physician Practices (2)

Component	# Performing Providers	# Unique Locations
Required System		
Owned or Operated Primary Care Clinics	2	21
Owned or Operated Specialty Care Clinics	2	20
Owned or Operated Hospital	0	
Owned or Operated Urgent Care Clinics	0	
Optional System		
Contracted Specialty Clinics	0	
Contracted Primary Care Clinics	0	
Contracted Community-Based Programs	0	
Other (please specify)	1	3 (hospital partners)
No optional components	1	0

PPP = 82,000 individuals (2/2 Provider estimates)

MLIU PPP = 38,000 individuals (2/2 Provider estimates)

Systems – Local Health Depts. (3)

Component	# Performing Providers	# Unique Locations
Required System		
Clinics	2	7
Immunization Locations	1	4
Optional System		
Mobile Outreach	2	7
Other (please specify)	1	2

PPP = 60,000 individuals (2/3 Provider estimates)

MLIU PPP = 51,000 individuals (2/3 Provider estimates)

Systems – Com. Mental Health Ctrs.(2)

Component	# Performing Providers	# Unique Locations
Required System		
Home-based services	1	Multiple
Office/Clinic	2	10
Optional System		
Hospital	0	
Contracted Clinic	0	
School-based Clinic	0	
Contracted Inpatient Beds	1	1 psychiatric hospital
State-funded Community Hospital	1	1
State Mental Health Facility	2	Multiple

PPP = 42,000 individuals (2/2 Provider estimates)

MLIU PPP = 37,000 individuals (2/2 Provider estimates)

Category C

Category C: Hospital, Physician Prcts.

- All hospitals and physician practices reporting (20)
- 23 Bundles available to choose from (now 24*)
- Region selected variety of quality outcomes. Most common:
  - 8 - J1: Hospital Safety
  - 7 - H2: Behavioral Health and Appropriate Utilization
  - 6 - B1: Care Transitions & Hospital Readmissions
  - 5 - C2: Primary Care Prevention – Cancer Screening
  - 4 - E1: Improved Maternal Care*
  - 4 - G1: Palliative Care
  - 4 - D1: Pediatric Primary Care
- Region selected every Bundle except:
  - C3: Hepatitis C
  - F1: Improved Access to Adult Dental Care

Category C - LHDs

- 2 of 3 LHDs reporting
- 32 measures available, 14 selected
- Most commonly selected:
  - L1-115: Hemoglobin A1c Poor Control (>9.0%)
  - L1-207: Blood Pressure Control (<140/90mm Hg)
- 12 measures selected just once, including:
  - L1-107: Colorectal Cancer Screening
  - L1-160: FUP after Hospitalization for Mental Illness
  - L1-205: 3rd Next Available Appointment
  - L1-235: Post-Partum FUP and Care Coordination
  - L1-241: Decrease in mental health admissions and readmissions to criminal justice settings
  - ......and many more

Category C - CMHCs

- All CMHCs reporting (2)
- 48 measures available, 35 selected
- 13 measures selected by both CMHCs, including:
  - M1-105: Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
  - M1-265: Housing Assessment for Individuals with Schizophrenia
  - M1-210: Screening for High Blood Pressure and FUP documented
- 22 measures selected just once, including:
  - M1-146: Screening for clinical depression and FUP plan
  - M1-286: Depression remission at 6 months
  - M1-259: Assignment of PCP to Individuals with Schizophrenia

Popular outcomes across Providers
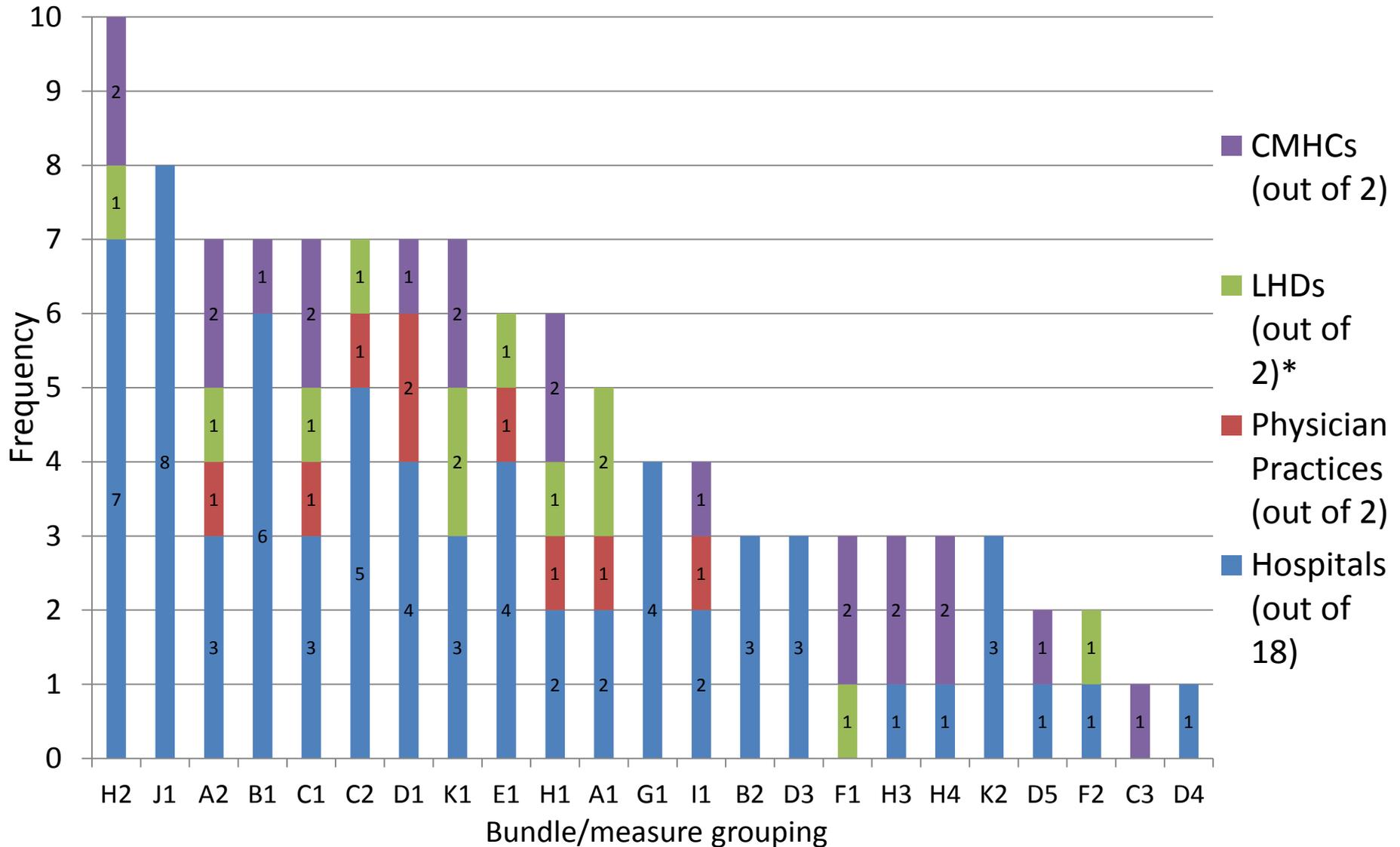
Category A

Category A

- How will providers make the Category C improvements?
  - Providers will select Core Activities from menu
  - Wide variety selected in December survey, rules have since shifted
- 93% of DSRIP 1.0 projects will continue
  - 8 Providers discontinuing 12 projects

Community Health Needs

No major changes from 2012 to 2015

- Insufficient access primary and specialty care

- Inadequate transportation options

- High prevalence of chronic disease and poor health

- Behavioral Health needs continue

- Patient services remain fragmented and uncoordinated

- Disparities in health outcomes across diverse population

Next Steps, Information TBD

Nov-Dec 2017	Anchor/Provider conversations to prepare for DY7-8 December survey	Anchor/ Provider conversations to construct DY7-8 Provider Plans
Early Dec 2017	HHSC releases RHP Plan Submission template	
12/11/17	Anchor sends DY7-8 planning surveys to RHP 3 Providers	
By 1/5/18	RHP3 Providers' DY7-8 planning survey responses due to Anchor	
1/30/18	DY7-8 Stakeholder Engagement & Learning Collaborative conf. in Houston	
By 3/9/18	Providers' stakeholder engagement descriptions, complete DSRIP Plan Submission templates due to Anchor for review.	
By 3/21/18	Anchor sends comments back to Providers	
By 3/30/18	Providers' revised/final Plan Submission templates due to Anchor	
Approx 4/6/18	Anchor posts final RHP Plan for public comment, holds stakeholder engagement webinar	
Approx 4/11/18	Anchor collects all required signatures and certifications	
Approx 4/20/18	Anchor submits RHP Plan to HHSC	

- Dates may flex
- Expect more detail on Category C, patient count, valuations
- Details to come from Anchor on request for: signatures, certifications

Getting your feedback

- Take our your phones/laptops

- Get back to:

PollEv.com/lc013018

- Four questions

Do you think the new community needs reflect what you know to be community health challenges or issues that impact them?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at **PollEv.com/app**

53

If the community needs don't reflect what you know to be the community's health challenges what other community needs do you see? (Open text response)

Does the Region's new DSRIP plan (Category C measure/bundle selections) address what you know to be the community's needs?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

57

If you don't think the new DSRIP focuses address the community's needs what do you think Performing Providers should consider changing? (Open text response)

For DSRIP Performing Provider organizations Based on recent modifications to the protocols and the hospital/physician practice Bundle menu, is your organization considering changing its Category C selections from those listed in the Anchor's late December/early January survey?

Yes

No

THANK YOU!

QUESTIONS?

The DY7-8 Learning Collaborative Plan

Michelle Eunice

Regional Operations Liaison
Harris Health System

Learning Collaborative Goal

Facilitate system level:

- **Planning**

- **Implementation**

- **Performance**

… in order to improve the health of populations served by DSRIP participants

How we'll do this?

1. Anchor activities/communication
2. Three **new** steering committees will deliver system level content to the Region in sequential order
3. Small workgroup discussions
4. Data Advisory Group support

Anchor Activities

- RHP 3 LC events

- Status calls

- Newsletters

- Emails

- Other shared learning opportunities

Steering Committees

- Three steering committees will be formed to plan for, create, and deliver content to the Region in the following topic areas:

  1. System design, implementation, and performance
  2. Social determinants of health
  3. Value based payment

Workgroups

- Soon after content delivery, each steering committee will facilitate smaller workgroup discussions about how the content relates to the following measure/bundle topics:

  1. Behavioral Health
  2. Primary Care/Prevention
  3. Chronic Disease

DY7-8 Plan Diagram

LC Plan Goal:
Facilitate system level planning, implementation, and performance to improve the health of populations served by DSRIP participants.

Steering Committee 1: Content Development

Steering Committee 2: Content Development

Steering Committee 3: Content Development

Topic 1:
System redesign, implementation, and performance

Topic 2:
Impacting the social determinants of health

Topic 3:
Paving the way for value based payment

Behavioral Health Workgroup →

Primary Care Workgroup →

Chronic Care Workgroup →

Support Structure:
- Ongoing communication between Anchor and Providers
- Data support from the Data Advisory Group as needed

System design, implementation, and performance

Five objectives:

1. Clarity on measure specs and methods for data collection/analysis

2. Apply outcomes data to understand/overcome coordination gaps

3. Understand the relationship between regionally important measures/bundles and service expansion/redesign/coordination

4. Foster Provider sharing of interventions, services, and best practices

5. Deliver guidance to Providers on auditing and reporting practices

Social Determinants of Health (SDH)

Three objectives:

1. Determine critical SDHs that impact measure success and exist in the RHP 3 community

2. Understand how to identify and/or how to measure SDHs within their population, specifically as it pertains to measure achievement

3. Collaborate and share experiences proven to reduce/mitigate the impact SDHs

Value Based Payment

Five objectives:

1. Learn HHSC's and MCO's VBP objectives and practices

2. Identify which DY7-8 selected outcomes align with MCO priorities

3. Ask Providers with arrangements under the new MCO VBP rules to share their processes, results, and lessons learned

4. Ensure Providers understand the business model for proposing, evaluating, and entering into VBP agreements with MCOs

5. Ensure providers understand how to develop a VBP offer and determine if it's a good business proposition for the Provider

Data Advisory Group

Offers support by:

- **Monitoring** provider performance and payment data

- Systematically **tracking** and communicating regional outcomes

- Supporting the work groups and topics via **requested data** and **analysis**.

- Ad hoc meetings, based on the demand

The Role of PDSA

- Use of success measures to evaluate how well the deliverables are meeting the needs

- Continuous monitoring of the objectives and progress towards the plan

- Garnering feedback from Providers throughout the process

Timeline: Steering Committees/Workgroups

Early Spring 2018	➢ Identify stakeholders for the three steering committees
Summer 2018/ Early Fall 2018	➢ System design, implementation, and performance
Winter 2018/ Spring 2019	➢ Social determinants of health
Summer 2019/ Early Fall 2019	➢ Value based payment

Why is it <u>so</u> important for you to participate?

- Significant Category C achievement dollars at risk in RHP 3:
  - ➢ DY7: $175 million
  - ➢ DY8: $359 million
- Participate in activities tailored to the bundles/measures you've selected
- Real-time discussions and sharing of success and challenges towards metric achievement
- Continue an active role in strengthening the Region's safety net
- Ability to collaborate with and learn from your peers
- Increase transparency among Providers and pave the way for healthcare reform

Poll Everywhere Feedback

- Steering Committee topic areas
- Workgroup focus areas
- Content delivery methods
- Interest/participation

- Take out your phone
- Enter the URL "pollev.com/lc01302018"

1. Would you like to keep or change any of the steering committee topic areas? (45 sec)

When survey is active, respond at **PollEv.com/lc013018**

0 surveys done

↻ 0 surveys underway

2. Are there other topics the Region should focus on outside of the following? (45 sec) - System design, implementation, and performance - Social determinants of health - Value based payment

3. Would you like to keep or change any of the workgroup focus areas? (45 sec)

When survey is active, respond at **PollEv.com/lc013018**

0 surveys done
↻ 0 surveys underway

4. Are there other topics the Region should focus on outside of the following? (45 sec) - Behavioral health - Primary care/prevention - Chronic disease

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85

5. Which workgroup(s) would you be interested in participating in? (30 sec, select all that apply)

Behavioral health measures/bundles

Primary Care/Prevention measures/bundles

Chronic disease measures/bundles

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87

6. In what formats would you like to see content delivered in DY7-8? (30 sec, select all that apply)

Webinars

One-pager

Presentations by SMEs

Surveys

Regional analysis

Detailed reports

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89

Participating in a
workgroups (which topic?)

Facilitating targeted
conversations (which
group/theme?)

Developing content

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91

THANK YOU!

Lunch Buffet   **12:15-1:05**

Introduction to Afternoon Breakout Sessions

Amanda Callaway

Associate Administrator of Mission Advancement
Harris Health System

THANK YOU

SETexasRHP@HarrisHealth.org