

REGION 3

anchor updates

ANCHOR WELCOME



BOOOOOO!!!!!!

October can be a scary month for many reasons. As all providers prepare for October DY4 Reporting, things can get particularly treacherous. At the same time, as is always the case with DSRIP, things are changing. The Waiver Extension Application has been submitted that outlines how we might implement DSRIP in DY6 and beyond. Providers are also contemplating how to integrate DSRIP projects into the “regular course of business” and sustain the great work that has evolved over the past four years. Changes are also happening at the Anchor level. Luckily, we have the great work of our providers to sooth some of the scariness that change brings, as spotlighted by Memorial Hermann’s Supportive Medicine project. Check out the important resources for October reporting and all the other helpful tools in this month’s newsletter. Keep the feedback and commitment flowing. Post-reporting rest is just around the corner! ◀



PROJECT SPOTLIGHT

Memorial Hermann



The Memorial Hermann Supportive Medicine program is a part of the continuum of care for palliative medicine. The organization’s emphasis on supportive medicine has resulted in multi-level clinical team buy-in, improved patient satisfaction, and more expansive presence in the communities it serves.

Supportive Medicine (also known as Palliative Care) is a specialized approach to medical care for people with serious and life threatening illness. The Supportive Medicine Team is a physician led, interdisciplinary care team that is focused on improving quality of care for patients by providing an extra layer of support. The goal is to improve the quality of life for both patients and their families. ◀

To view the entire article, [CLICK HERE](#)



First row (L to R): Jonathan Brooks, George Philipose, Dr. Sandra Gomez, Liza DeGidio, Kelly Minson, Gina Yokley, Rose Odom, Dr. Jessica Garcia, Kate Lowe, Kris Kerlin, Tera Brown-Daniels, John Christensen. Top row (L to R): Bernadette Brown, Kelli Gershon, Dr. Cindy Zinner, Dr. Judith Peyechu, Dr. José Ramos, Doug Laws, Lafe Bauer.

Waiver Extension Webinar

HHSC hosted a webinar on the Waiver Extension Application Draft on September 30th, 2015. The extension application includes the request to continue the demonstration year (DY) 5 funding level for DSRIP (\$3.1 billion annually) and for the Uncompensated Care pool to be adjusted to remain with budget neutrality each year (ranging from \$5.8 billion - \$7.4 billion per Demonstration Year). New features mentioned included a narrower project menu, a larger portion of funding shifted toward DSRIP reporting and results, more alignment of pay-for-performance measures with projects, and more a standardized project valuation methodology.

The proposed DSRIP Transition Year is DY6 (10/1/2016 -9/30/2017) which includes parameters for combining projects, lays groundwork for Regional performance bonus pools, and sets a minimum annual valuation amount per provider. If approved, the revised protocols for extension will begin 10/1/2017 at which time there will be a continuation of replacement projects and more emphasis on Regional performance bonus pools. ◀

To view more information on the Waiver Extension, including the application submitted to CMS, [CLICK HERE](#). Please [CLICK HERE](#) to view the Webinar slides.

Moving Forward: Sustainability of DSRIP Projects

Sustainability is the buzzword for DSRIP projects. The last year of Waiver 1.0 is officially underway and the application for Waiver Extension is submitted to the Centers for Medicare and Medicaid Services (CMS). Regardless of the future, sustainability is a sure next step for all projects that wish to operate within the DSRIP funding structure or with alternative resources.

The Anchor Team has begun gathering ideas and resources that we hope you will find useful. We will continue to share these with you as we have here and ask that you share any useful tools with us so that we may share with the rest of the Region and/or State.

IDEAS

Considerations for DSRIP sustainability may include:

- Integrating DSRIP services into broader system workflow, ensuring staff have responsibilities as defined by patient services, not at the programmatic (i.e., DSRIP) level.
- Identify and foster partnerships with agencies that a.) have a gap in the service being delivered or b.) fill a gap in services delivered for those patients. The more imbedded these partnerships are in the providers workflow, the more consistently they will be used and the stronger the partnerships.
- For those predominantly un/underinsured target population, expand services to provide care for a billable population and or include billable services in project design.
- Document the impact of the intervention with a high degree of rigor, focusing on improvements in clinical or social outcome. This may open the door for conversation with HMOs/MCOs or even for additional grant opportunities.
- Review the Managed Care Organization (MCO) Performance Improvement Plan (PIP) list and outcomes of interest list, identify areas to align and support this work. [CLICK HERE](#) to view the list. ◀

[CLICK HERE](#) to view more resources on sustainability.

Required Dates and Deadlines

October 23, 2016 - Last day for questions to HHSC regarding October reporting

October 31, 2015 - DY4 DSRIP Reporting due

October 2015 through December 2015 - Category 3 baseline review - corrective action plan, technical assistance and follow-up

October 2015 through February 2016 - Category 1 and 2 validation - Round 1

SAVE THE DATE - Wednesday, December 9th, 8am - 5pm - First RHP 3 DY5 Learning Collaborative at the University of Houston, Hilton

November 20, 2015 - IGT changes due to HHSC, if applicable

January 3, 2017 - IGT due for October DY5 reporting DSRIP payments

January 13, 2017 - October reporting DY5 DSRIP payments for transferring hospitals & top 14 IGT Entities

January 31, 2017 - DSRIP payment - DY5 for remaining providers and any DY4

Regional Statewide Events

November 4, 2015 - RHP 4 Learning Collaborative
Contact Jonny Hipp: Jonny.hipp@nchdcc.org

February 9-10, 2016 - RHP 9 & 10 Second Annual Collaborative Event Connections - Impacting Care
Contact Margaret Roche: Margaret.roche@phhs.org
and/or Meredith Oney RHP_Region_IO@jpshealth.org

*All dates are subject to change. Please refer to HHSC for the most recent updates: <http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml>.

October DY4 Reporting Webinar

HHSC hosted an October DY 4 Reporting Webinar on October 8th, 2015. The webinar covered key topics related to October reporting, as there are significant changes to documentation requirements, templates, and Category 3 reporting. Below is a list of all October DY 4 documents available on HHSC's website. ◀

[CLICK HERE](#) to view the PDF version of the Webinar presentation. All documents are available on HHSC's website: <https://www.hhsc.state.tx.us/1115-waiver-guideline.shtml>

Personal Thank You & "See you soon"

I started my time with the Waiver at the end of DY1. I wasn't quite sure what I was getting into. I was just happy to be moving home and working on behalf of Harris County was a good fit for me. It did not take long for me to ask "What in the world is going on?" Amanda Simmons, my predecessor, had to explain the whole concept a few times. All of that hasn't really changed over the course of the following 3 DY's! It's been quite an adventure and extremely important work. Watching our providers come together and really commit to making the Waiver a success in RHP3 has been very fulfilling. That said, it is time for me to move on. Things are always changing (Welcome to DSRIP!). I sincerely want to thank everyone for their commitment, diligence, patience and forgiveness during the evolution of this program. I am glad I will be nearby to watch and learn as it continues to strengthen our healthcare infrastructure and our Region. Thank you so much for letting me be a part of all of it! Much love and luck in the coming years. ~ Nicole ◀