DY6 LEARNING COLLABORATIVE

Texas DSRIP – 1115 Waiver

February 7, 2017

Welcome

Amanda Callaway

Associate Administrator of Mission Advancement
Harris Health System

Alan Vierling

Executive Vice President and Administrator
Lyndon B. Johnson Hospital at Harris Health System

Legislative Updates

Chris Traylor

Former State Medicaid Director at
Texas Health and Human Services Commission




Panel Discussion: Legislation and Policy

Moderator:
Nicole Lievsay

Former Director,
RHP3 Anchor Team at
Harris Health System

Chris Traylor, *Former State Medicaid Director,*
Texas Health and Human Services Commission

Lee Johnson, *Deputy Director,*
Texas Council of Community Centers

John Hawkins, *Senior Vice President,*
Government Relations at the Texas Hospital Association




Panel Discussion: Social Determinants of Health

Moderator: Tanweer Kaleemullah

Public Health Policy Analyst at Harris County Public Health

Jennifer Tektiridis, *Executive Director, Research Planning and Development Duncan Family Institute for Cancer Prevention and Risk Assessment at MD Anderson Cancer Center*

Monica King, *Director, Community Outreach for Personal Empowerment (COPE) & ER Navigation at Memorial Hermann Community Benefit Corporation*

Connie Almeida, *Director, Behavioral Health Services at Fort Bend County*

Social Determinants of Health Video




Panel Discussion: Social Determinants of Health

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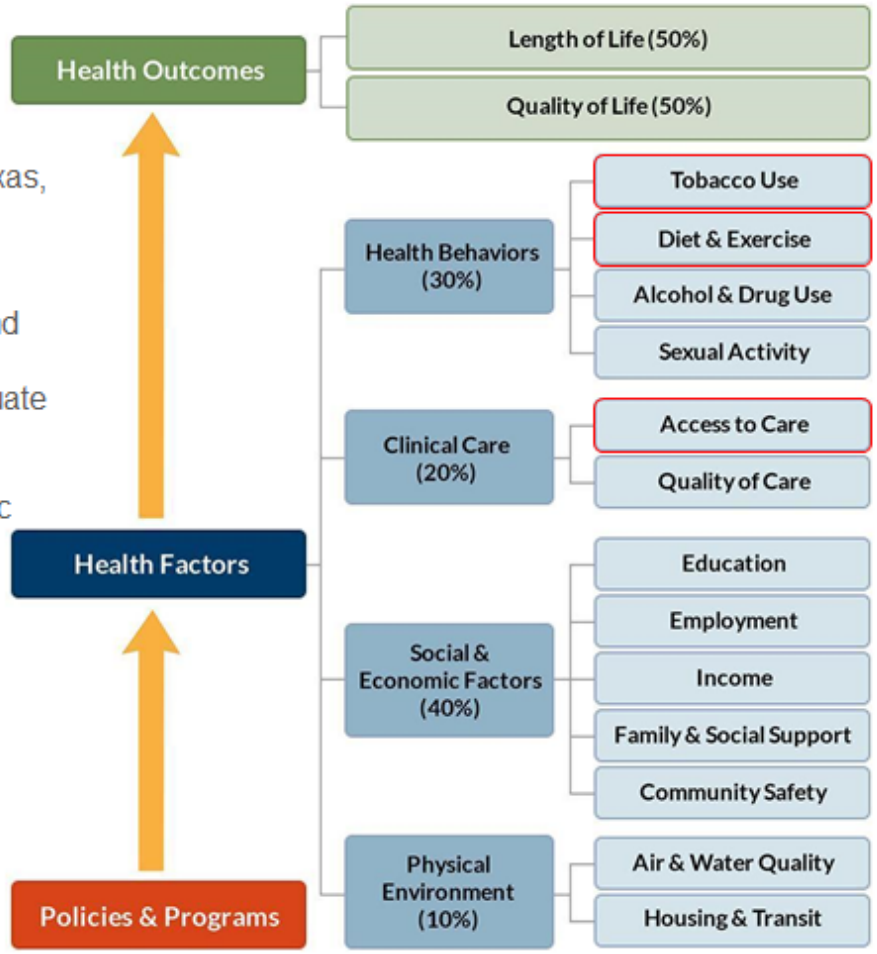
REGION 3

BUILD/MD Anderson

Estimates based on a broad range of scientific evidence indicate that more than 50% of cancers can be prevented

~~Cancer~~

MD Anderson Mission:
to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and **prevention**, and through education for undergraduate and graduate students, trainees, professionals, employees and the public



Cancer Prevention and Control Platform:

County Health Rankings and Roadmaps;
Colditz et al, Science & Translational Medicine, 2012

The BUILD HEALTH Challenge

de Beaumont Foundation

The Advisory Board Company

Robert Wood Johnson Foundation

The Colorado Health Foundation

THE KRESGE FOUNDATION

EXECUTIVE COMMITTEE

Executive officials of each BUILD applicant, core partner, and community coalition

Harris County Public Health – Building a Healthy Community; houston foodbank; City of Pasadena; MD Anderson Cancer Center – Making Cancer History; Healthy Living Matters

The Harris County BUILD Health Partnership

For nutrition equity in north Pasadena

BACKBONE COMMITTEE

Day-to-day project staff from each applicant and the evaluator

Harris County Public Health – Building a Healthy Community; houston foodbank; MD Anderson Cancer Center – Making Cancer History; UTHealth – The University of Texas Health Science Center at Houston – School of Public Health; City of Pasadena

COMMUNITY TRUSTEES

Healthy Living Matters | Pasadena

RESOURCE PANEL/ NATIONAL TA PROVIDER

Healthy Living Matters; Prevention Institute

CORE TEAM 1: PRODUCTION

A sustainable public source of accessible healthy food

CO-LEADS:

Harris County Public Health – Building a Healthy Community; City of Pasadena

CORE CIRCLE:

Indoor Harvest; Neighborhood Centers Inc.; PeopleFund; Association for Vertical Farming

KEY PROJECTS:

- Local food production sites including CLARA (Community-Located Agriculture & Research Area) and a greenhouse
- Agriculture technology training for Pasadena ISD and San Jacinto College students
- New web-based Vertical Farming platform

CORE TEAM 2: DISTRIBUTION

An expanded local network of innovative healthy food suppliers and distributors

CO-LEADS:

Harris County Public Health – Building a Healthy Community; houston foodbank

CORE CIRCLE:

brighterbites; Healthy Dining Matters; CAN DO Houston

KEY PROJECTS:

- Expanded Healthy Corner Store Network*
- Expanded Healthy Dining Matters Program*
- Expanded Brighter Bites Program: free food co-ops at area elementary schools

**HCPH/HLM-Pasadena initiatives; will expand to 3 additional sites in north Pasadena*

CORE TEAM 3: CONSUMPTION

A coordinated system of programs to help residents access food and make healthy food choices

CO-LEADS:

houston foodbank; MD Anderson Cancer Center – Making Cancer History

CORE CIRCLE:

Memorial Hermann; CHI St. Luke's Health; PHC Pasadena Health Center; IFCM; John Maxwell – Spheres of Influence

KEY PROJECTS:

- Food Prescription Program (Food Rx)*
- A central Food FARMacy*
- Food Scholarship Program**
- Direct Marketing Campaign

**At 4 clinic sites in north Pasadena **At 2 ESL programs*

CROSS-CUTTING COMMITTEES

✓ Communications ✓ Evaluation ✓ Sustainability

MD Anderson's Healthy Communities initiative is using community care settings to amplify our prevention and early detection efforts

Mission:

The mission of Healthy Communities is to mobilize communities to promote health and **stop cancer before it starts**

Goals:

1. Raise community awareness of the importance of healthy behaviors
2. Create and advance community-based strategies to inform local, national and international policy which enhance cancer prevention and control
3. Increase appropriate health behaviors and activities that can have a direct impact on cancer risk reduction in five areas: preventive medicine, diet, physical activity, UV radiation exposure and tobacco use

Inaugural Projects:

- Harris County BUILD Health Partnership
- Baytown Healthy Community
- Pasadena Vibrant Community

Memorial Hermann Community Benefit Corporation

Food insecurity screening at Memorial Hermann

Why we started

- Diet is crucial to health
- Documented data on clinical implications of food insecurity
- Strong working relationship with the Houston Food Bank

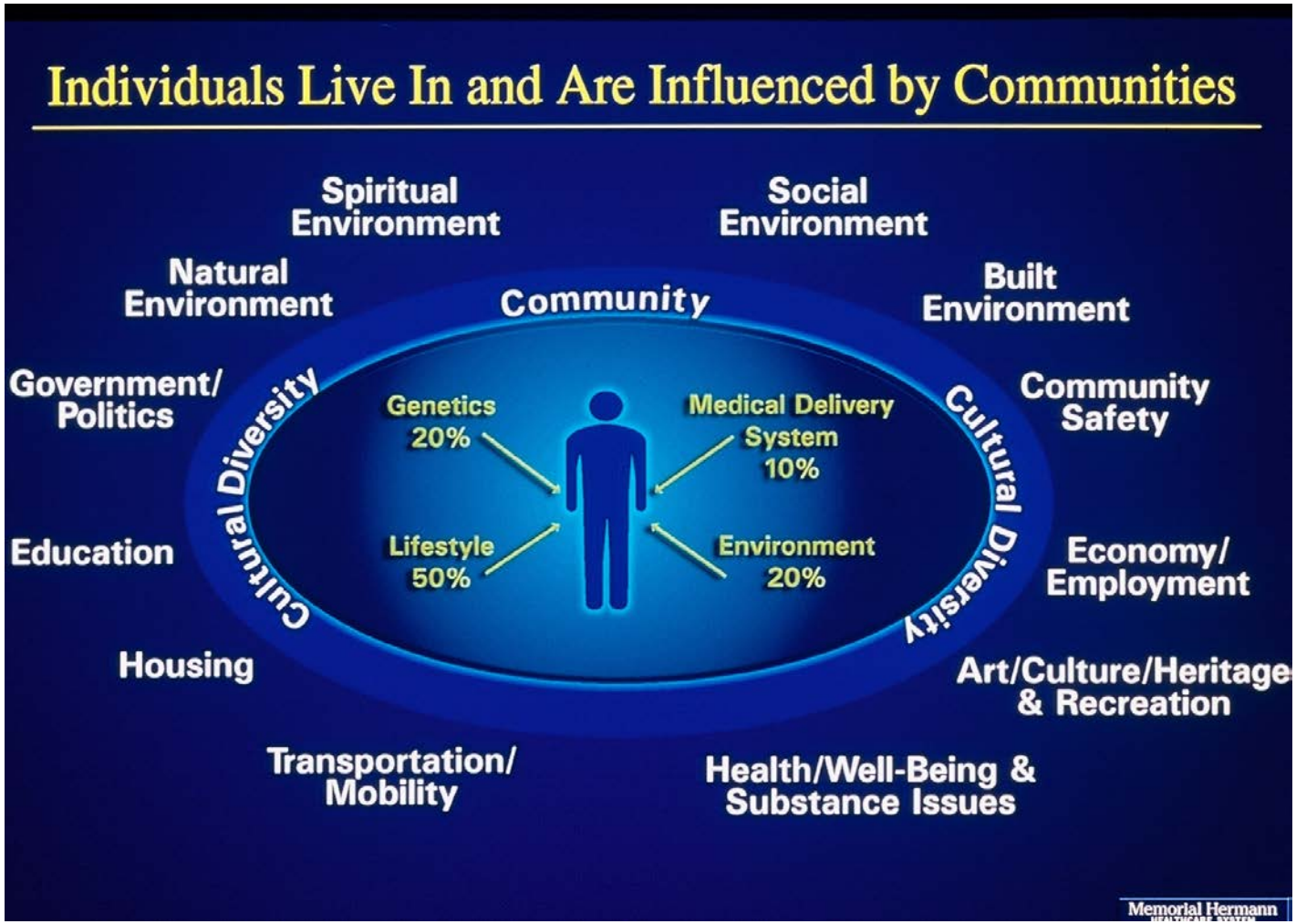
When and where we started

- From October 2015 – January 2017, we have completed trainings and implemented screenings for:

Locations	Patients Screened	Identified as Food Insecure
• ER Navigators	17,790	19%
• Health Centers for Schools	5909	30%
• Physicians of Sugar Creek	9113	11%
• Neighborhood Health Centers	583	24%

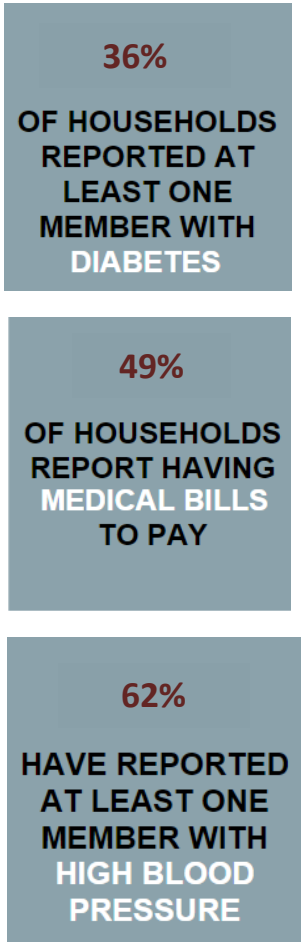
- **Where we are going – Spring 2017**
  - MHMG
  - Hospital Patients upon Discharge

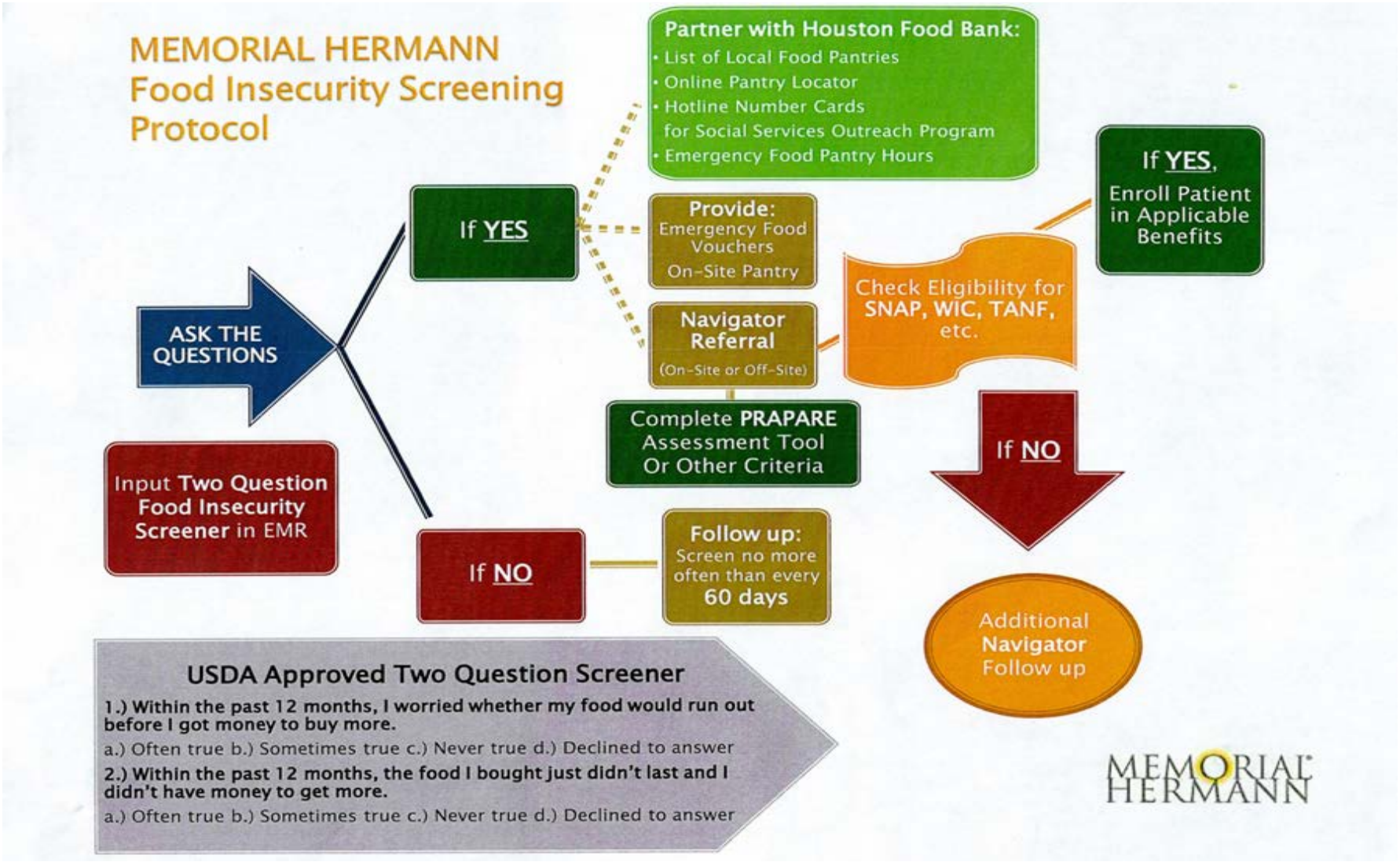
Why is it important?



Clinical implications of food insecurity

- Limited and/or inconsistent access to nutritious foods inhibits one's ability to live a healthy life
- Low cost and calorie dense food as a main source of energy is damaging to the body
- Deciding how to spend limited funds only makes managing preexisting medical related issues even more difficult




MEMORIAL HERMANN
Food Insecurity Screening
Protocol
Partner with Houston Food Bank:
• List of Local Food Pantries
• Online Pantry Locator
• Hotline Number Cards
for Social Services Outreach Program
• Emergency Food Pantry Hours
If YES
Provide:
Emergency Food
Vouchers
On-Site Pantry
If YES,
Enroll Patient
in Applicable
Benefits
ASK THE
QUESTIONS
Navigator
Referral
(On-Site or Off-Site)
Check Eligibility for
SNAP, WIC, TANF,
etc.
Complete PRAPARE
Assessment Tool
Or Other Criteria
If NO
Input Two Question
Food Insecurity
Screener in EMR
If NO
Follow up:
Screen no more
often than every
60 days
Additional
Navigator
Follow up
USDA Approved Two Question Screener
1.) Within the past 12 months, I worried whether my food would run out before I got money to buy more.
a.) Often true b.) Sometimes true c.) Never true d.) Declined to answer
2.) Within the past 12 months, the food I bought just didn't last and I didn't have money to get more.
a.) Often true b.) Sometimes true c.) Never true d.) Declined to answer
MEMORIAL HERMANN

Fort Bend County
Health and Human Services

Social Determinants

Crisis Intervention Team
Unmet Needs
Based on preliminary data analysis

Demonstration Year	Total	Employment	Financial	Housing	Legal System	Medical	Primary Support	Transportation
DY5	2709	1367	436	157	518	768	200	320
Medicaid/ Uninsured	1653	971	371	147	349	754	167	271
Insured	1015	320	60	10	164	4	32	46
Percentages of MLIU	61.0%	58.7%	22.4%	8.9%	21.1%	45.6%	10.1%	16.4%
Percentages of Insured	37.5%	31.5%	5.9%	1.0%	16.2%	0.4%	3.2%	4.5%

Social Determinants of Health in Fort Bend County

Needs

- Unemployment and job security
- Poverty and low income
- Housing
- Transportation
- Education
- Food insecurity
- Social supports
- Safety

Resources

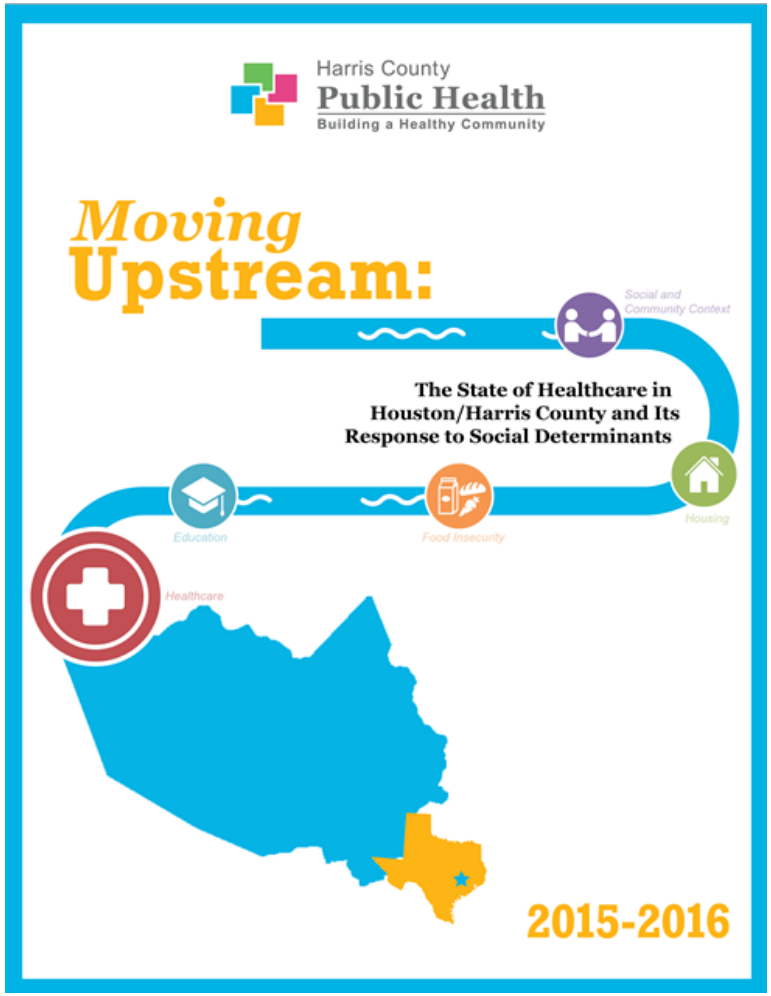
- Collaboration with FBC Social Services, FBC Indigent Health, Housing assistance, and community organizations
- Flexible funds
- Fort Bend County transportation services available to 1115 Waiver enrolled clients
- Community awareness and education
- Expansion of supports for food, clothing, and social integration and housing

Next Steps

- Expand social supports for CIT and other 1115 Waiver programs
- Enhance collaboration within the community
- Expand data collection on social determinants of health
- Integrate “needs assessments” and resources
- Outcomes evaluation – develop logic model for integration of “supports” and measure outcomes

FORT BEND COUNTY
HEALTH & HUMAN SERVICES
TRANSFORMING HEALTH CARE
Right Care, Right Place, Right Time

“Moving Upstream: The State of Healthcare in Houston/Harris County and Its Response to Social Determinants” Report



Contact Us

- Tanweer Kaleemullah, Harris County Public Health: tkaleemullah@hcphes.org
- Dr. Jennifer Tektiridis, BUILD/MD Anderson: jtektir@mdanderson.org
- Monica King, Memorial Hermann: Monica.King@memorialhermann.org
- Dr. Connie Almeida, Fort Bend County: Connie.Almeida@fortbendcountytx.gov




Break

10:30-11:00

Open Networking
Poster Session – “Breaking Silos”
Social Determinants of Health Q&A

The DY6 Learning Collaborative Plan

Jessica Granger

Health System Strategy Operations/RHP3 Anchor
Harris Health System

Prepare to give real-time feedback!

- Take out your phone
- Open your browser
- Enter the URL:

pollev.com/lc020717

- Respond to Name, Organization, and Email Address questions

Name

Organization Name

Email

DY6 RHP3 Learning Collaborative

General Purpose/Scope: To have a regional impact on the health of our community through shared learning, community engagement, and success celebration.

Collaborative Activities

Regional Events:
- 1-2 per year
- Hosted by the Anchor
- Open to all RHP Plan Participants and other Interested Community Stakeholders

Workgroups:
- Sustainability
- Strategic Partnerships
- Regional Quality Plan Development

Communication

Monthly Status Calls

Newsletters

Annual Report

Ad Hoc:
- Emails
- Celebration & Shared Learning Opportunities

Support Structure:

Data Advisory Group

Behavioral Health Cohort

University of Texas School of Public Health Consultants

SUPPORT STRUCTURE

Data Advisory Group continues to:

- Track potentially preventable events at Region level
- Analyze Category 3 and QPI outcomes at Region level
- Support the DY6 Learning Collaborative workgroups

Behavioral Health Cohort

- Gap analysis survey analysis and action plan

REGIONAL QUALITY PLAN DEVELOPMENT

RQP Development Goal

- Develop a regional plan with specific initiatives to improve patient-level quality of care in DY7 and beyond

Timeline

Early Fall 2016	Identify stakeholders for steering committee
Late Fall 2016	Create the RQP vision statement
Winter 2016/ Spring 2017	Analysis and diagnosis, substantiation, and regional involvement
Summer 2017	Create strategy
Fall 2017	Create implementation plan for DY7+

REGIONAL QUALITY PLAN DEVELOPMENT

Steering Committee

- Harris Health System
- UT Physicians
- Memorial Hermann Health System
- Harris Center for Mental Health and IDD
- Memorial Medical Center

Committee represents:

- 85 projects
- 48% of Region's projects

REGIONAL QUALITY PLAN DEVELOPMENT

REGIONAL QUALITY PLAN DEVELOPMENT

Strengths Funding Expertise Relationships Impact Data/Measurement Miscellaneous	**Weaknesses** Payment Data Participation Communication of Vision Care Delivery Miscellaneous
Opportunities Partnerships/Relationships Clinical Outcomes MCO alignment Data Strategy/Vision Funding Policy	**Threats** Funding Stability Policy Issues Lack of Interest Current issues in DSRIP Data Sharing Community Factors

SUSTAINABILITY & STRATEGIC PARTNERSHIPS

Sustainability

- Educate and support RHP 3 Providers in sustainability planning.

Strategic Partnerships

- Educate RHP3 Providers in the development of strategic partnerships, specifically for projects whose business models could attract third party payers.

Guided by the:

Washington University Sustainability Tool
and DY6 Sustainability Template

Program Sustainability Framework and Domain Descriptions V2

ENVIRONMENTAL SUPPORT
Having a supportive internal and external climate for your program

FUNDING STABILITY
Establishing a consistent financial base for your program

PARTNERSHIPS
Cultivating connections between your program and its stakeholders

ORGANIZATIONAL CAPACITY
Having the internal support and resources needed to effectively manage your program

PROGRAM EVALUATION
Assessing your program to inform planning and document results

PROGRAM ADAPTATION
Taking actions that adapt your program to ensure its ongoing effectiveness

COMMUNICATIONS
Strategic communication with stakeholders and the public about your program

STRATEGIC PLANNING
Using processes that guide your program's direction, goals, and strategies

Center for Public Health Systems Science
GEORGE WARREN BROWN SCHOOL OF SOCIAL WORK

SUSTAINABILITY & STRATEGIC PARTNERSHIPS

Strategic Partnership Committee

- Texana Center
- Community Health Choice
- The Harris Center for Mental Health and IDD
- Houston Methodist Hospital
- Fort Bend County
- HCA
- Harris Health System

Committee represents:

- 64 projects
- 36% of Region's projects

Sustainability Committee

- HCPHES
- Memorial Hermann Health System
- Houston Recovery Center
- UT Health
- Harris Health System
- MD Anderson
- Mental Health America

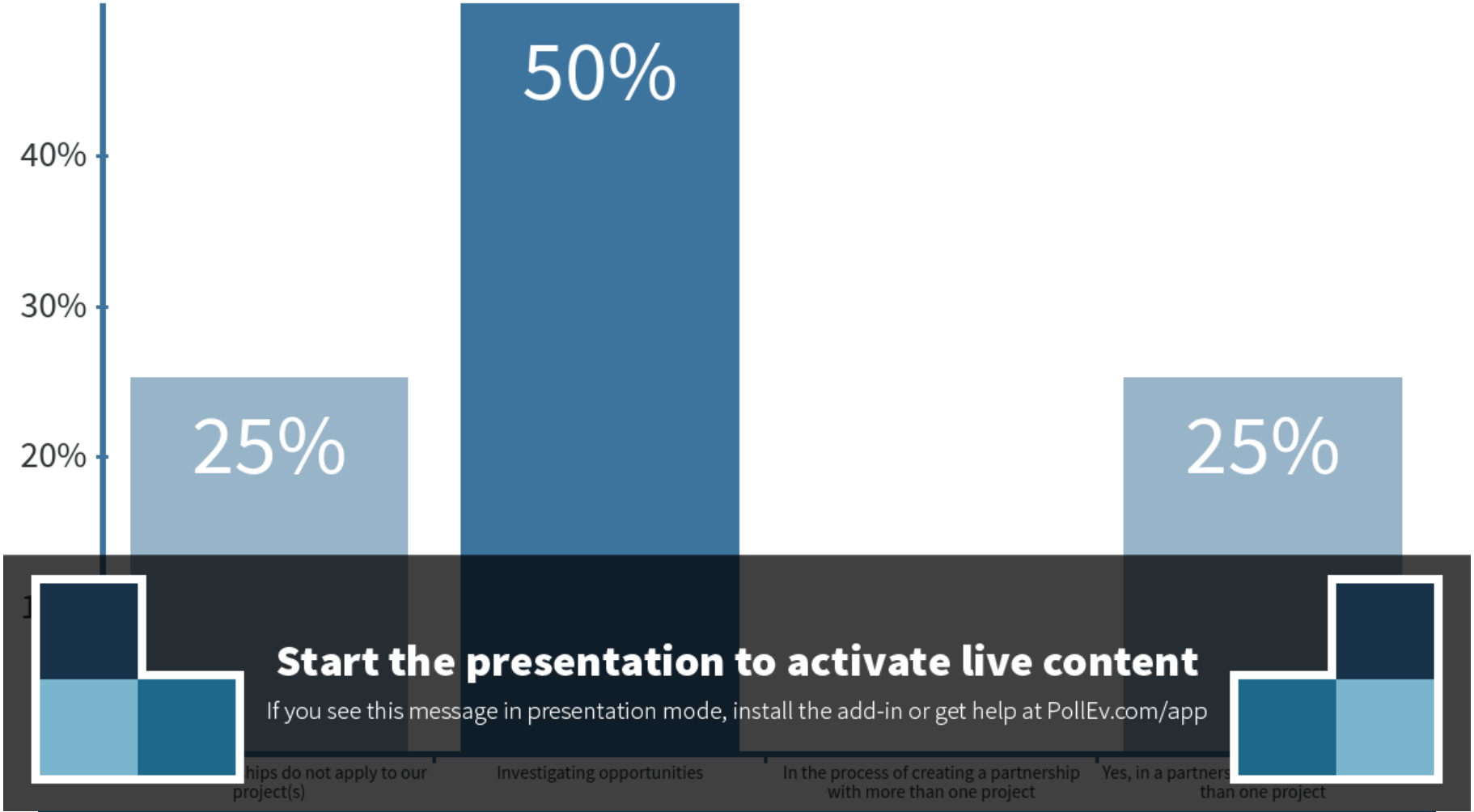
Committee represents:

- 44 projects
- 25% of Region's projects

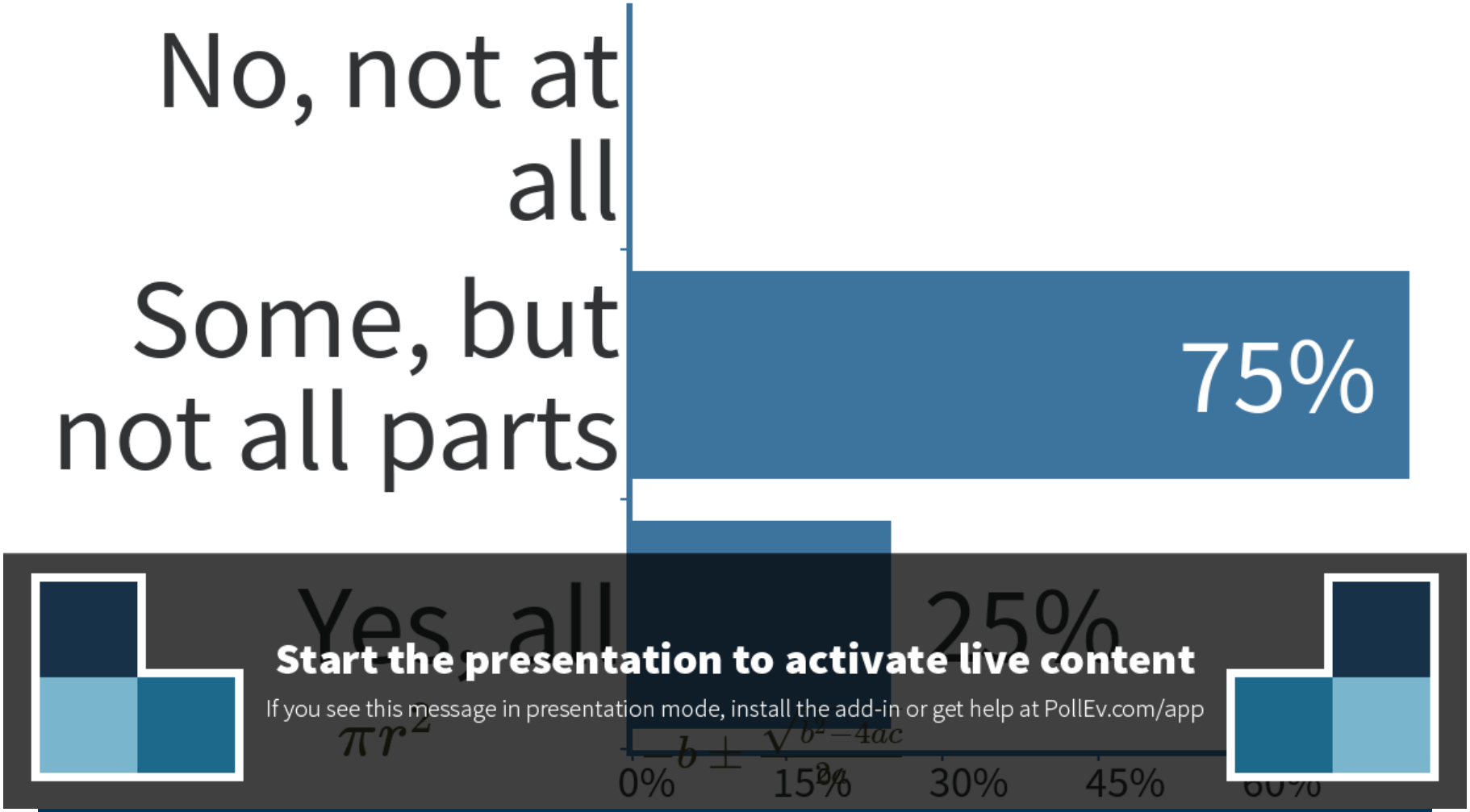
SUSTAINABILITY & STRATEGIC PARTNERSHIPS

Why is it so important to participate in the upcoming activities ?

u currently partnering with an MCO or have p
with an MCO based on the population your p
serve?



P funding goes away, have you identified sou
levant parts of your project other than throu
dollars?



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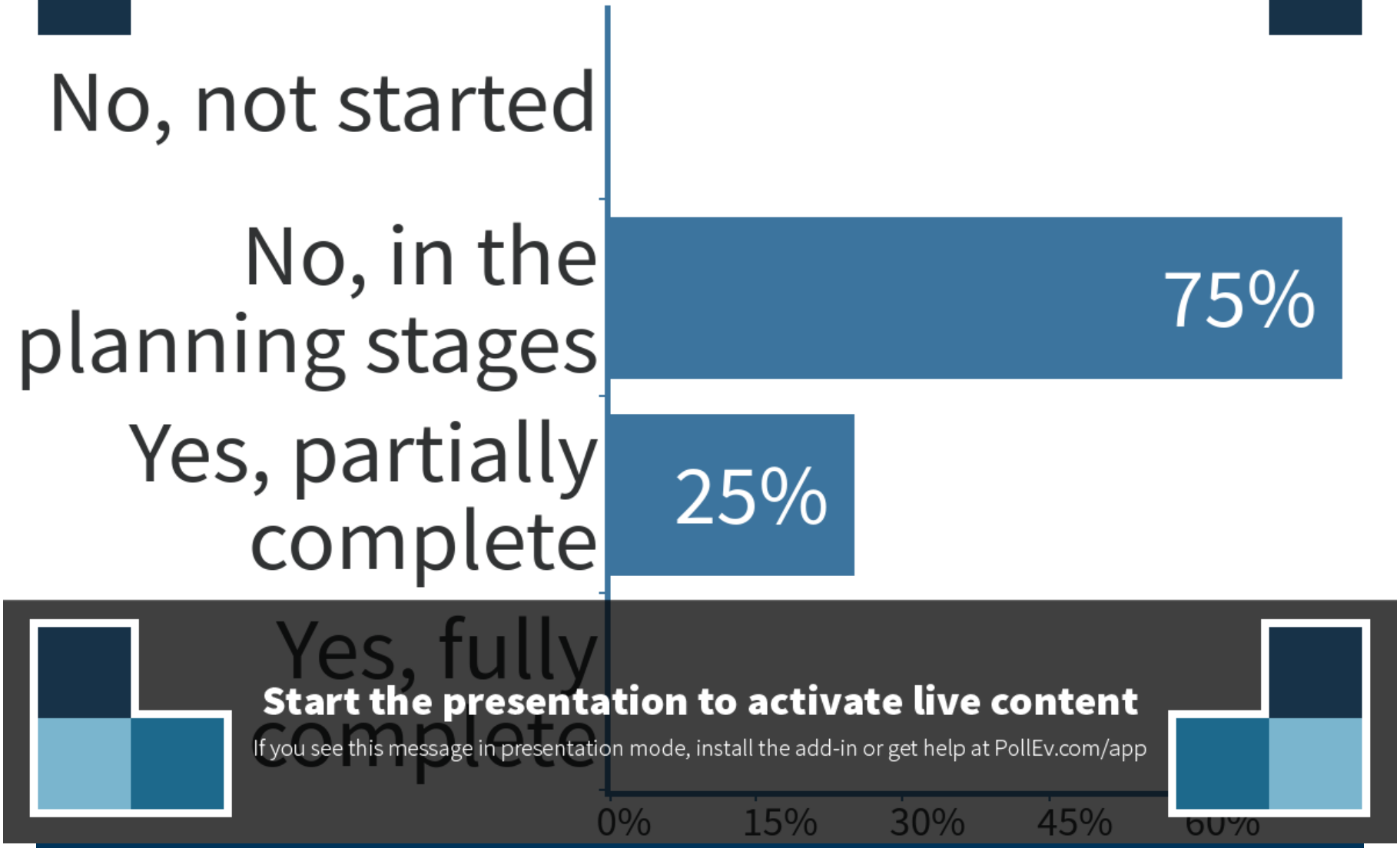
u conducted or are you in the process of cond program evaluation for your project?



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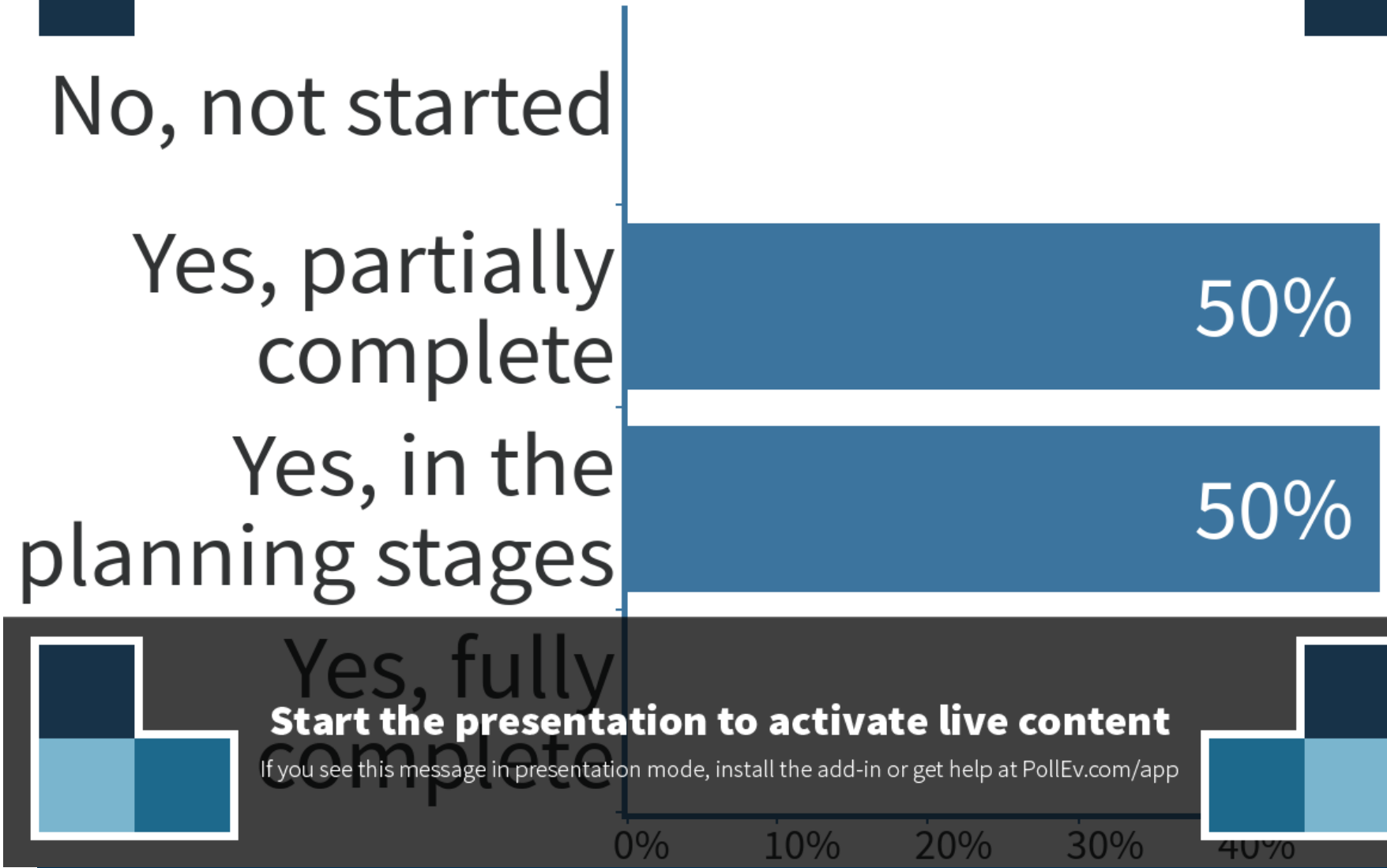
r organization established a data sharing agr
with the purpose of coordinating client care?



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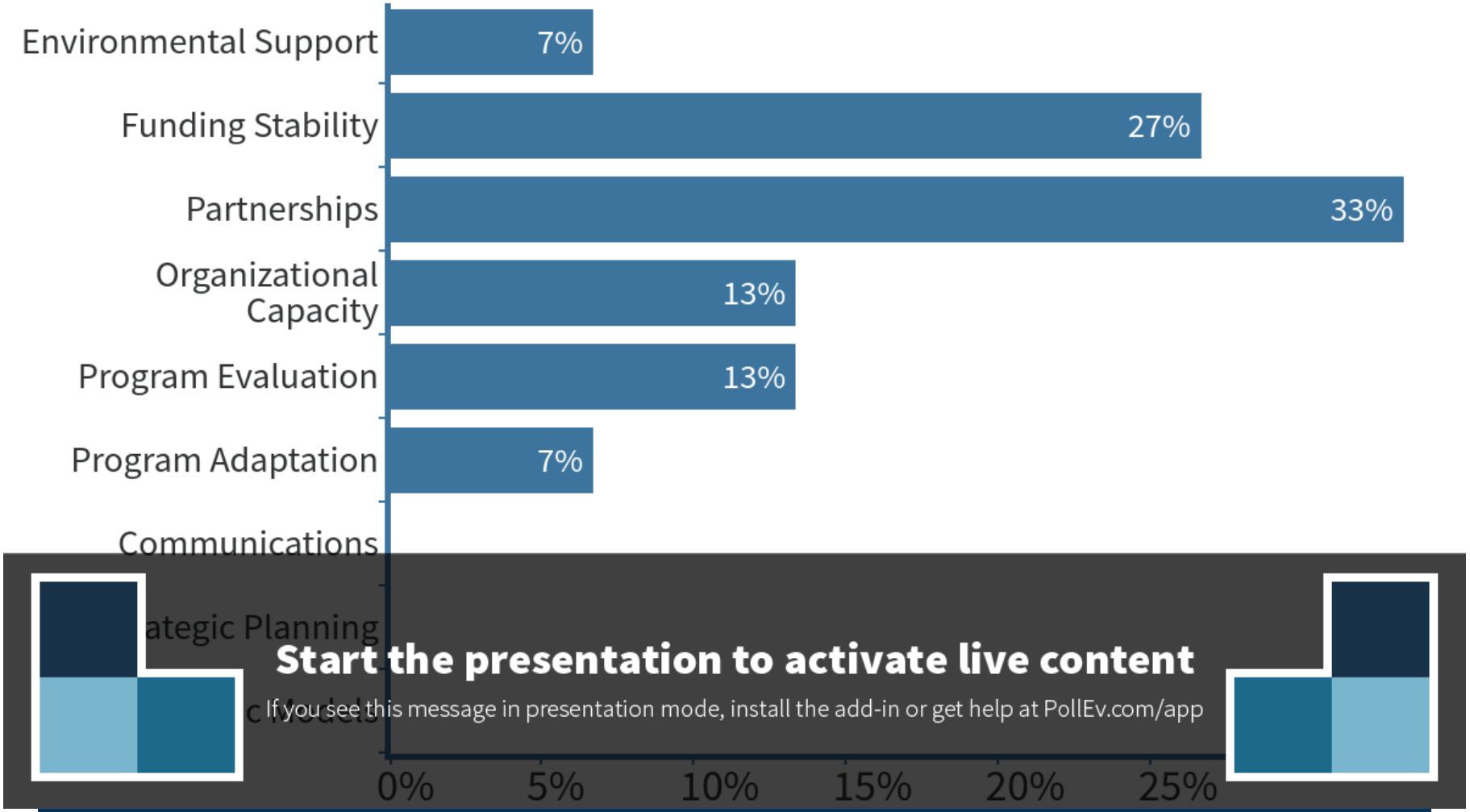
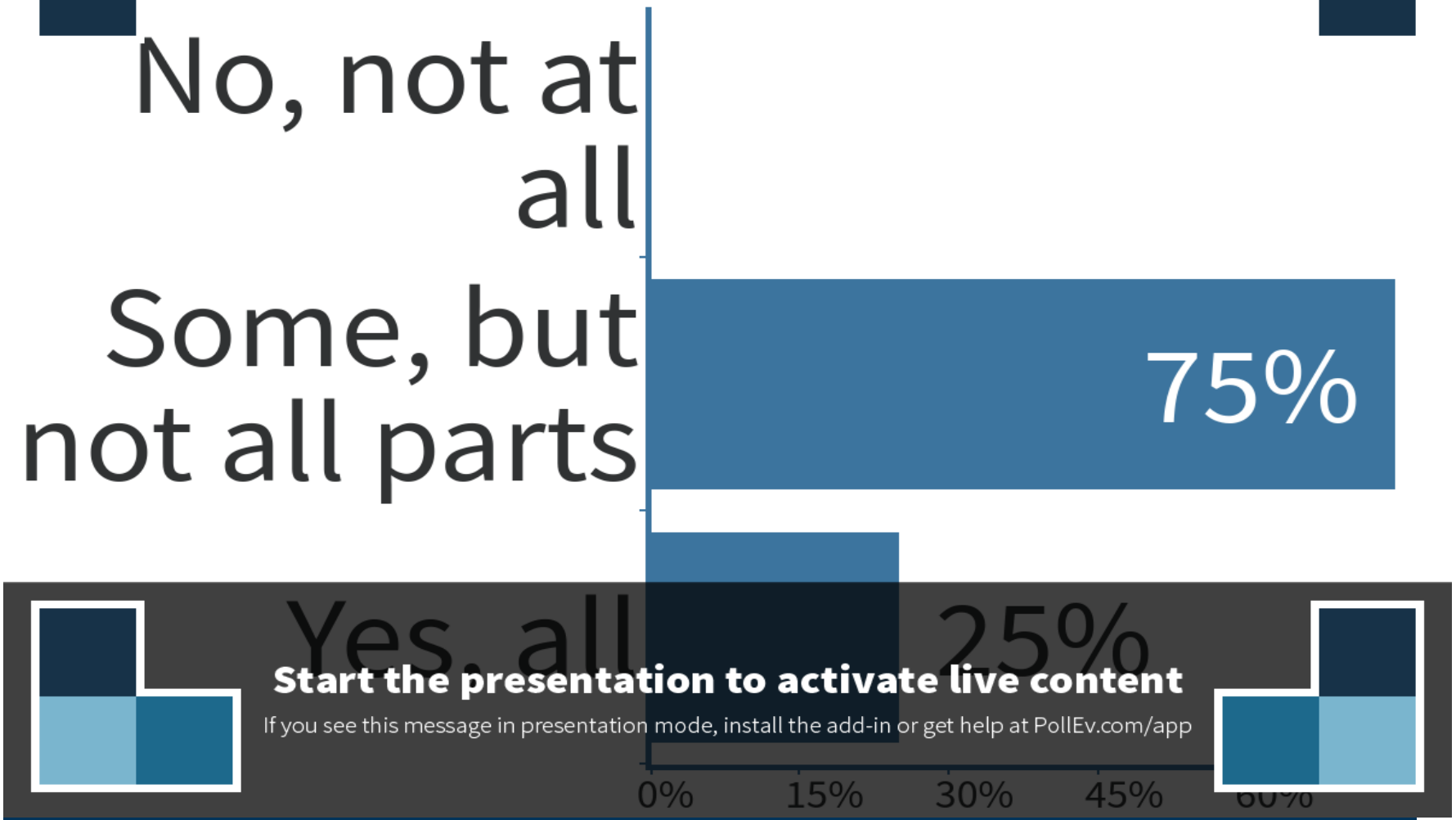
l areas where the Regional Sustainability Co
r technical assistance and and/or provide ad
resources to you? (Check all that apply)



an to continue your project regardless of the of DSRIP?



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Additional Comments:

"Test"
2 days ago

"None"
2 days ago

"Check out question 7"
2 days ago

YOUR DELIVERABLES…

Be heard!

- Give feedback on the Regional Quality Plan SWOT analysis at lunch. Use the sticky pads!

Get involved!

- Housing and behavioral health
- Attend upcoming workshops and education sessions

Contact us:

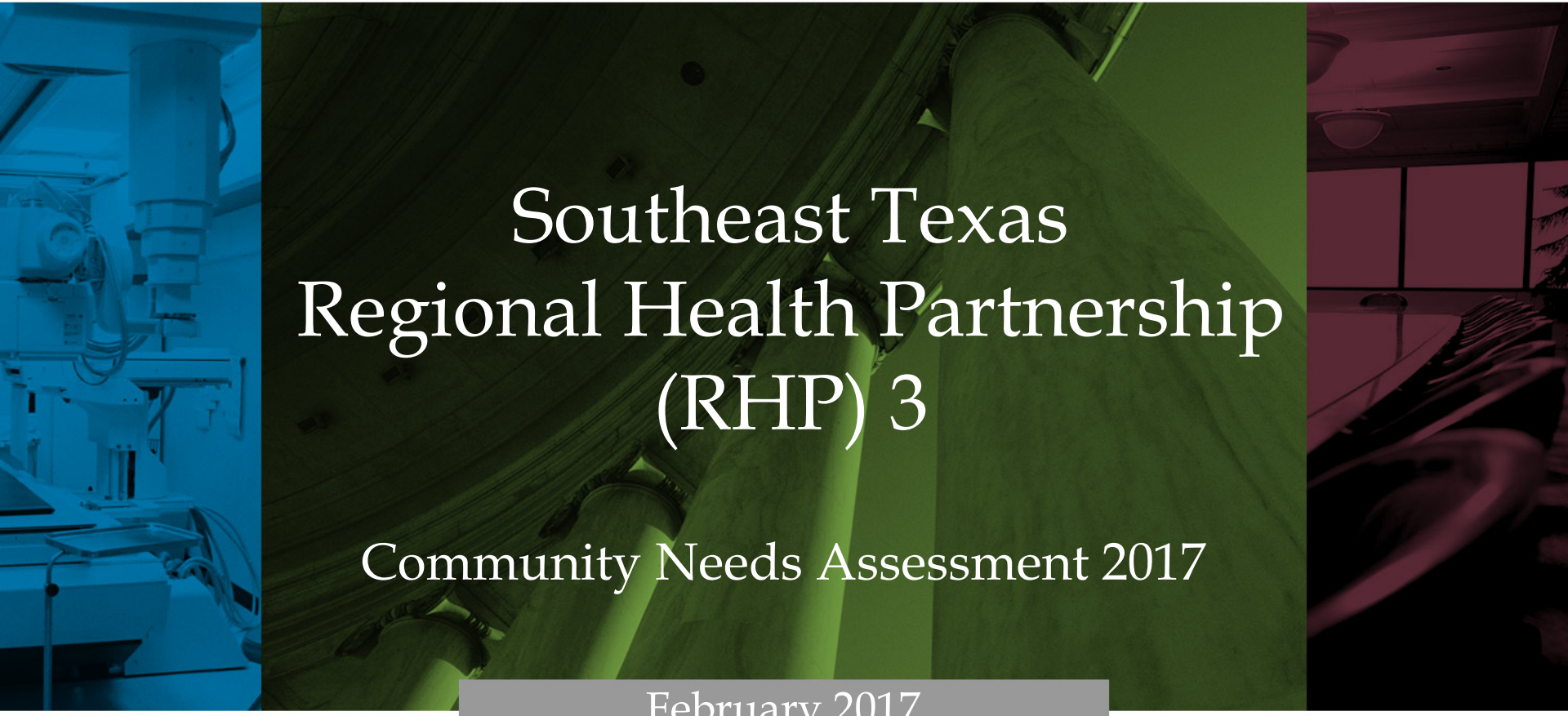
- SETexasRHP@HarrisHealth.org

RHP3 Community Needs Assessment 2017

Dianne Longley

Principal
Health Management Associates, Austin

HEALTH MANAGEMENT ASSOCIATES



Southeast Texas Regional Health Partnership (RHP) 3

Community Needs Assessment 2017

February 2017

Dianne Longley, Principal
Health Management Associates, Austin

Community Needs Assessment (CNA)Requirements

- First CNA conducted 2012
- Waiver renewal requires an update, due in November
- Prior CNA included specific instructions and page limits
  - Describe key demographic and health status characteristics of all participating RHP counties
  - Identify social determinants of health
  - Identify resources used to support selected DSRIP projects

CNA 2017

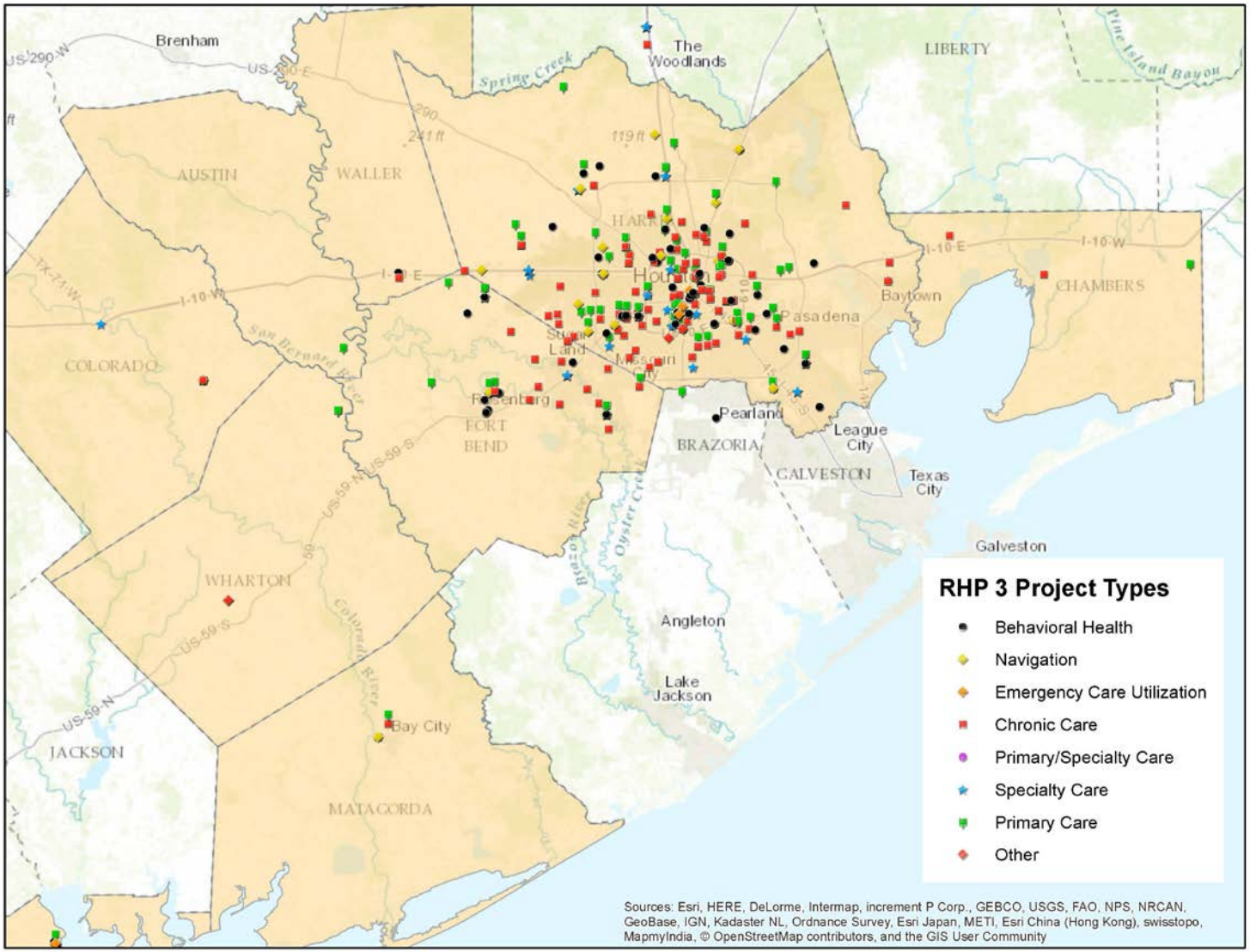
Instructions issued for 2017 less prescriptive

- CNA must be submitted prior to choosing bonus pool measures
- Template will be provided (date unknown)
- Must include 3 components:
  - Describe process for updating the CNA
  - How the RHP solicited community stakeholder input
  - Explain community needs that changed or the priorities that were updated

Summary of CNA Update Activities

- Request for CNAs, annual reports, community updates, or other relevant data was distributed to all RHP providers in November
  - To date, we've received information from four providers
- Using variety of public health data and census data reports, have updated many of the 2012 data
- In the process of developing comparisons of health indicators over time to identify changes
- Identifying and reviewing local community reports to supplement statistical data

RHP 3 Projects



County Health Rankings, 2012 and 2016

Table 1: County Health Rankings (Outcomes and Factors), 2012 and 2016						
County	2012 Health Outcomes Ranking N=221	2016 Health Outcomes Ranking N=241	⇧⇔⇩	2012 Health Factors Ranking N=221	2016 Health Factors Ranking N= 241	⇧⇔⇩
Austin	104	17	⇧	71	24	⇧
Calhoun	49	112	⇩	61	99	⇩
Chambers	74	52	⇧	57	68	⇩
Colorado	132	140	⇩	85	69	⇧
Fort Bend	9	5	⇧	9	4	⇧
Harris	53	56	⇩	160	96	⇧
Matagorda	130	182	⇩	185	225	⇩
Waller	112	68	⇧	142	175	⇩
Wharton	63	172	⇩	85	117	⇩

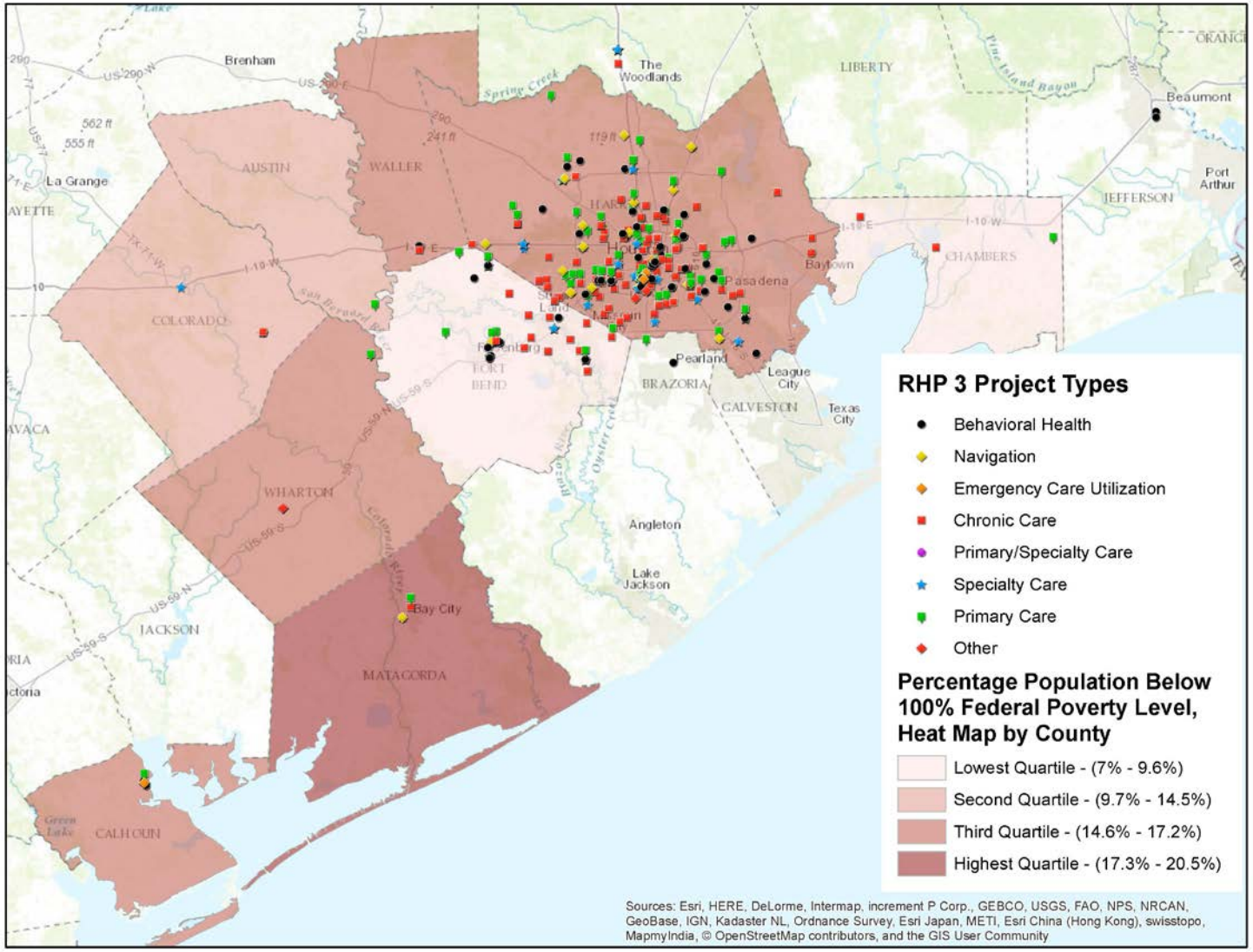
http://www.countyhealthrankings.org/

Income and Poverty Status

Table 9: Income and Poverty Status by County – 2015 and 2010					
County	**Median Household Income**	**# of People in Poverty 2015**	**%**	**Number of People in Poverty 2010**	**%**
Austin	$57,960	3,720	12.7%	3,525	12.5%
Calhoun	$50,873	3,633	16.8%	4,092	19.4%
Chambers	$77,282	3,683	9.6%	3,717	10.6%
Colorado	$47,783	2,975	14.5%	3,544	17.3%
Fort Bend	$95,117	49,830	7.0%	52,716	9.0%
Harris	$56,670	744,712	16.6%	758,916	18.7%
Matagorda	$45,073	7,467	20.5%	7,211	19.9%
Waller	$50,746	7,125	16.0%	8,104	20.4%
Wharton	$45,198	7,058	17.2%	7,823	19.1%
Statewide	**$55,668**	**4,255,690**	**15.9%**	4,411,217	**17.9%**

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, 2015 State and County Level Estimations

Percentage of Population Below 100% FPL, Heat Map by County

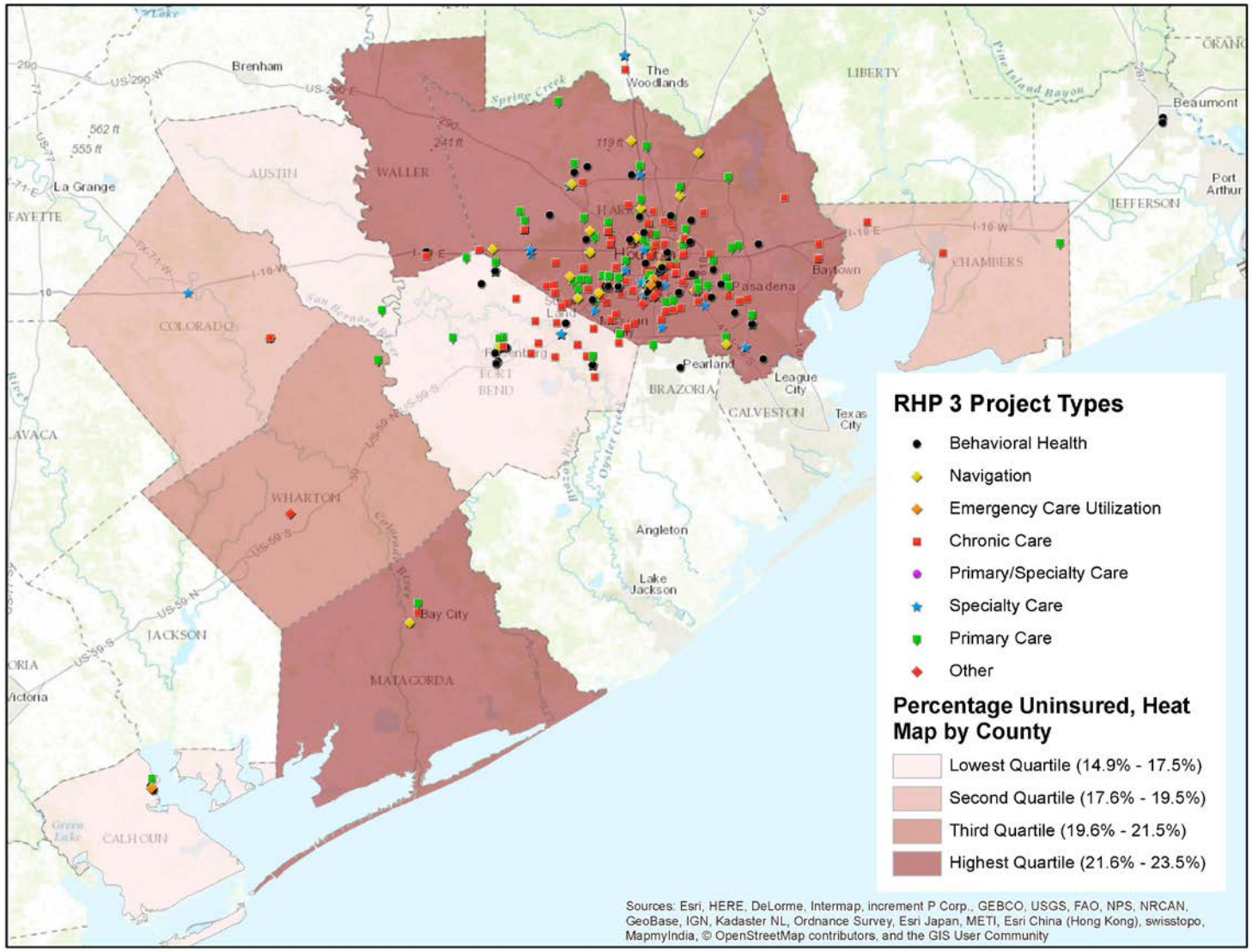


Health Insurance Status

Table 10: Health Insurance Status				
County	**Total UnInsured 2008-2010**	**Percentage Uninsured**	**Total Uninsured 2011-2015**	**Percentage Uninsured**
Austin	4,971	17.6	4,838	16.9%
Calhoun	3,630	17.2	3,756	17.5%
Chambers	5,999	17.8	6,780	18.3%
Colorado	4,522	22.0	3,597	17.6%
Fort Bend	97,635	17.4	97,080	14.9%
Harris	1,095,999	27.4	1,020,251	23.5%
Matagorda	9,601	26.5	8,240	22.8%
Waller	11,352	27.2	10,346	22.7%
Wharton	9,533	23.5	8,349	20.4%
Total	1,243,242	26.0	**1,163,237**	**22.3%**

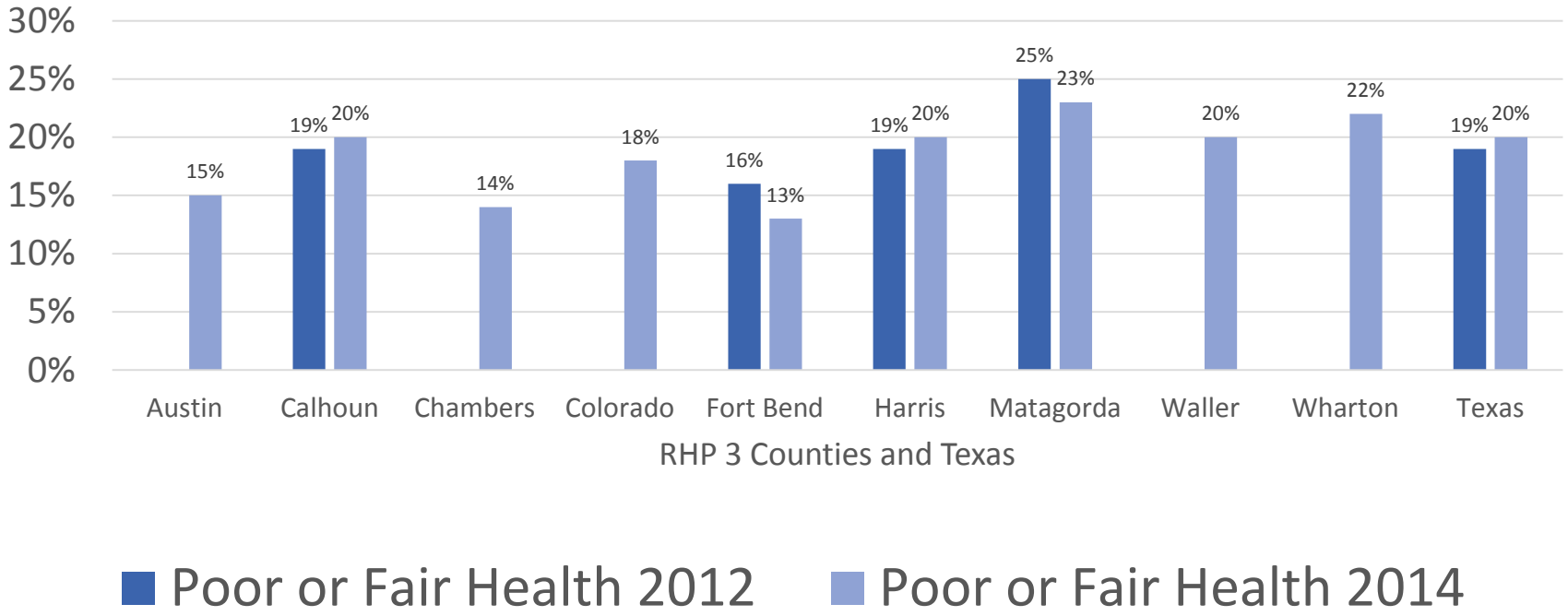
Source: U.S. Census Bureau, 2011-2015 American Community Survey, 5-Year Estimates and 2008-2019 ACS 3 Year Estimate

Percentage Uninsured, Heat Map by County

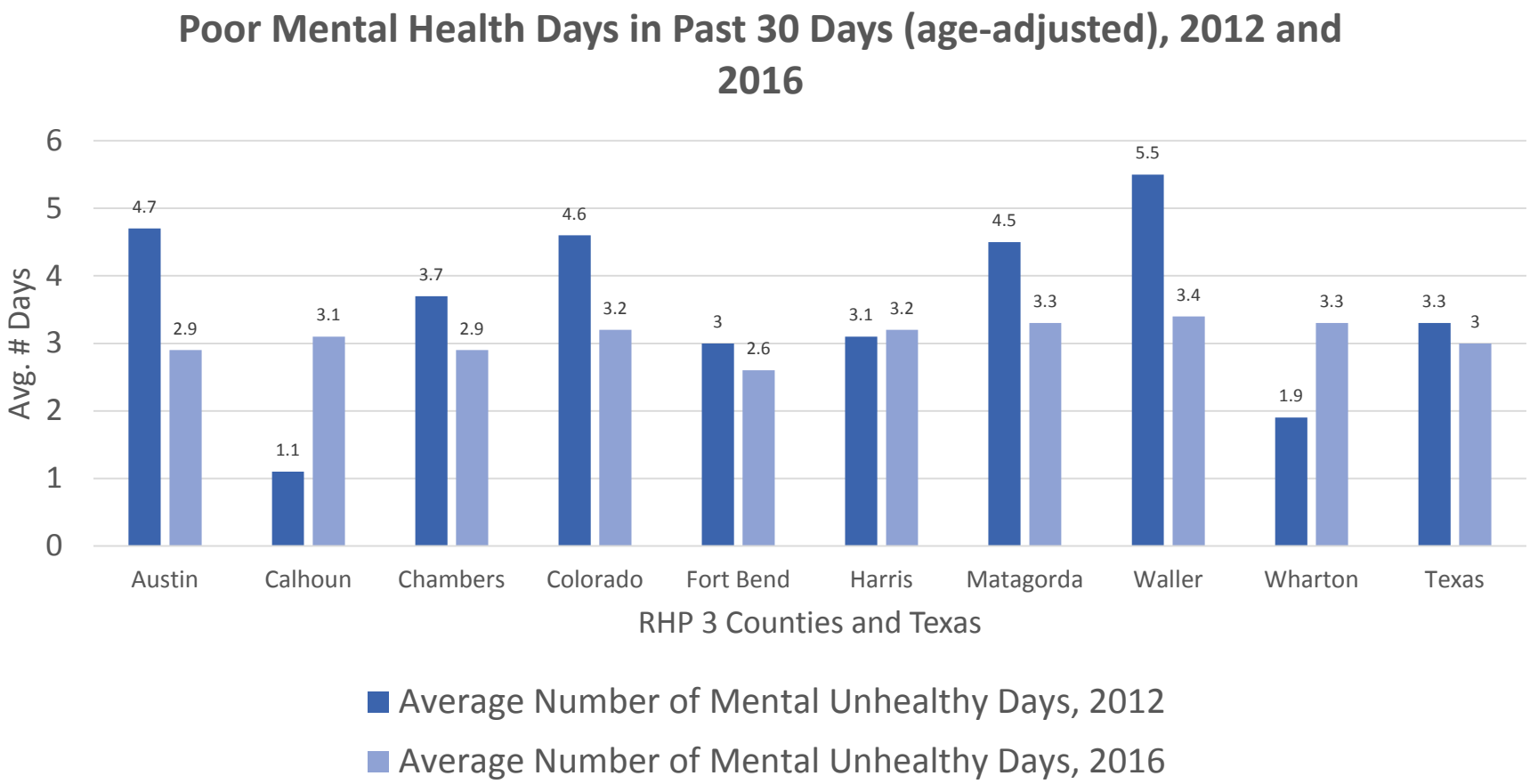


Poor or Fair Health Days

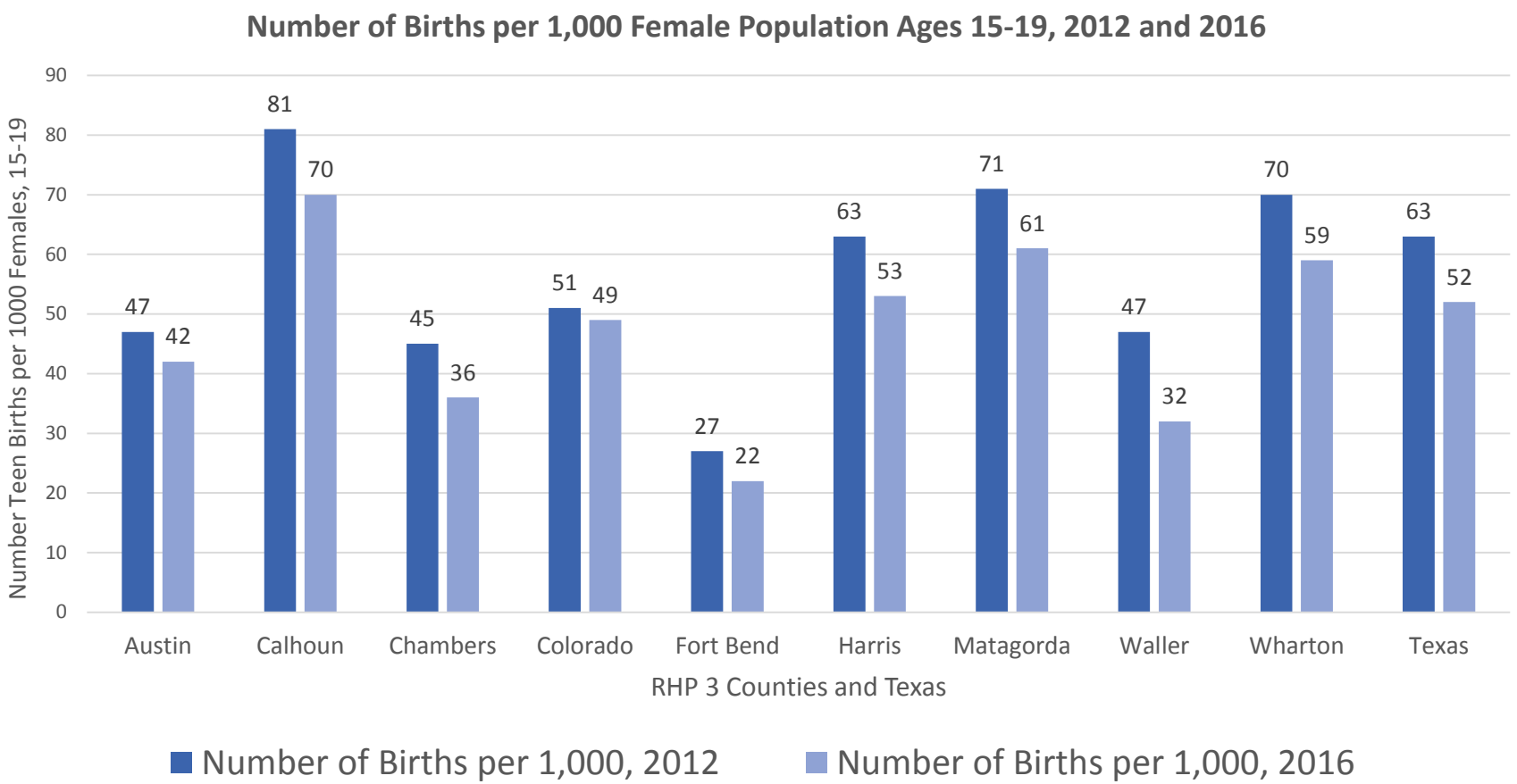
Percentage Adults Reporting Fair or Poor Health (age-adjusted), 2012 and 2016



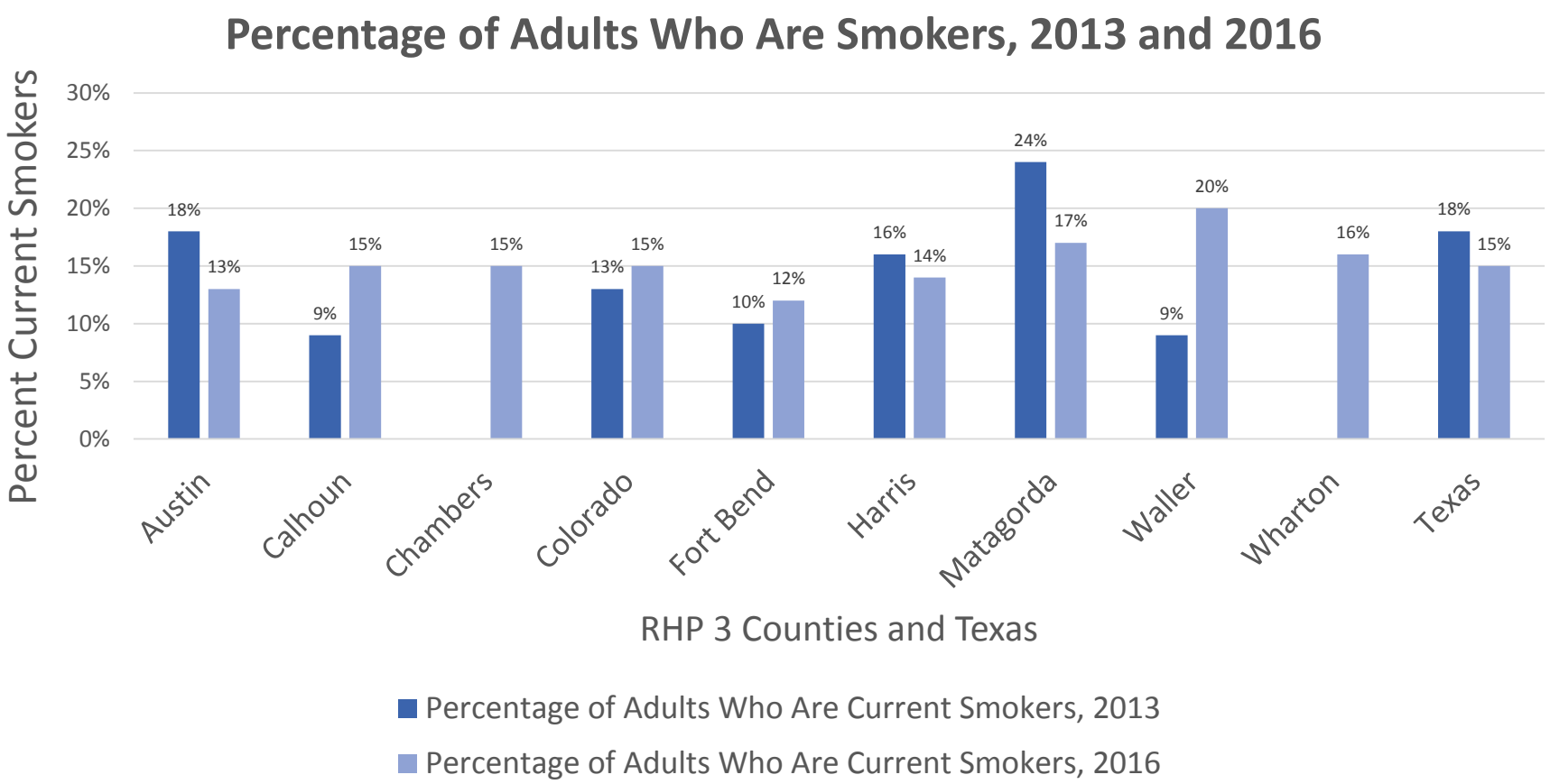
Poor Mental Health Days



Teen Births


Number of Births per 1,000 Female Population Ages 15-19, 2012 and 2016
Number Teen Births per 1000 Females, 15-19
90
80
70
60
50
40
30
20
10
0
47
42
81
70
45
36
51
49
27
22
63
53
71
61
47
32
70
59
63
52
Austin
Calhoun
Chambers
Colorado
Fort Bend
Harris
Matagorda
Waller
Wharton
Texas
RHP 3 Counties and Texas
Number of Births per 1,000, 2012
Number of Births per 1,000, 2016

Current Smokers, Adults

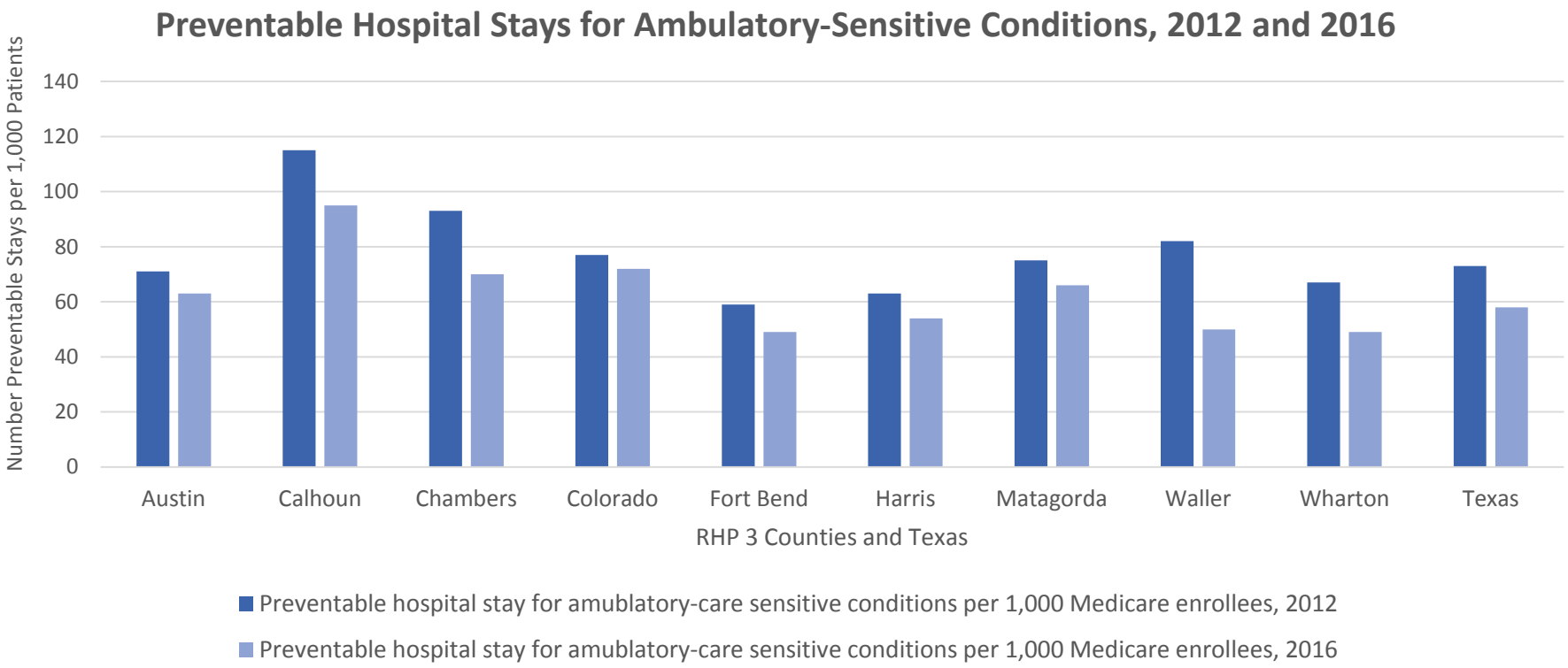


Hospital Utilization and Financial Experience 2012 and 2015

Table 15: Hospital Utilization and Financial Experience (2012 and 2015)								
County	# Hospitals	# Beds	ER Visits	Outpatient Visits	Inpatient Admissions	Total Uncompensated Care	Total Gross Patient Revenue	Uncompensated Care as % of Total Patient Revenue
Austin					434			
Calhoun	1	25	9,759	50,445	1272	$9,065,188	$66,677,896	13.60%
Chambers	2	39	5,442	52,190	722	$8,092,934	$85,303,471	9.50%
Colorado	2	55	10,118	110,889	1367	$5,502,381	$69,244,650	7.90%
Fort Bend	9	867	143,093	394,842	30,805	$213,385,647	$3,421,143,022	6.20%
Harris	67	12,878	1,772,653	8,330,537	498,399	$4,660,173,225	$61,612,433,437	7.60%
Matagorda	2	69	23,275	70,317	2914	$18,439,347	$140,406,209	13.10%
Waller					0			
Wharton	1	129	6,332	52,823	1420	$3,355,471	$30,024,955	11.20%
Total	**84**	**14,062**	**1,970,672**	**9,062,043**	**536,899**	**$4,918,014,193**	**$65,425,233,640**	**7.52%**

Source: Texas Department of State Health Services, Annual Survey of Hospitals and Hospitals Tracking Database: 2012 "Utilization Data for Texas Acute Care Hospitals by County" for # Beds and Inpatient Admissions; 2015 "Emergency and Outpatient Utilization Data for Texas Acute Care Hospitals by County, 2015" for # Hospitals and ER/Outpatient Visits; and 2015 "Charity Care and Selected Financial Data for Texas Acute Care Hospitals by County, 2015" for Total Uncompensated Care, Net Patient Revenue, and Uncompensated Care as % of Total Patient Revenue.

Preventable Hospital Stays, 2012 and 2016



Source: County Rankings and Roadmaps:
http://www.countyhealthrankings.org/app/texas/2012/measure/factors/5/map

Physicians by County and Specialty, 2012 and 2016

Table 18: Physicians by County and Specialty – September 2016						
County	General Practice, Family Medicine		Psychiatry		Total Physicians – all Specialties	
	2012	2016	2012	2016	2012	2016
Austin	5	5	0	0	10	15
Calhoun	7	10	0	0	18	23
Chambers	4	5	0	0	6	8
Colorado	13	13	2	0	29	21
Fort Bend	148	193	26	41	707	979
Harris	1150	1,293	461	570	11,425	14,015
Matagorda	7	7	0	0	38	38
Waller	2	3	0	2	4	7
Wharton	14	10	0	1	49	42
Total	1,350	**1,539**	489	614	12,286	**15,148**

Source: Texas Medical Board, Physician Demographics by County and Specialty

Key Challenges

- *Inadequate number of primary and specialty care providers.*
- *High prevalence of chronic disease, including diabetes, heart disease, asthma, cardiovascular disease and cancer.*
- *Diverse patient population speaking multiple languages, and with varying cultural backgrounds.*
- *High number of uninsured individuals*
- *Limited public transportation options*

RHP 3 Project Highlights

The Harris Center for Mental Health and IDD

- In 2016 workforce grew by 13% and continued its implementation of 27 approved DSRIP projects.
- These projects supported mental health services in Harris County, five of which were collaborative projects with other organizations.
- The DSRIP collaborations increased the Harris Center for Mental Health and IDD's impact by strengthening its partnerships with over 35 community organizations and serving 17,873 individuals.
- One successful project implemented was a collaboration with The Council on Alcohol and Drugs Houston in which Council staff were integrated with Harris Center teams at four locations, and the electronic health records were shared. By April 2015, approximately 45% more patients than originally anticipated participated in the program.

Next Steps

- Continue data analysis
  - Please send any data, reports that would help inform this process
- Complete draft report by end of February for Anchor and DSRIP Provider review
- Obtain stakeholder input
- Finalize CNA to include stakeholder input
- Ensure compliance with HHSC final requirements

Contact Information

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Lunch Buffet 12:15-12:45

Ardas Khalsa

Deputy Medicaid CHIP Director
Texas Health and Human Services Commission

TEXAS
Health and Human
Services Commission

RHP3 DY6 Learning Collaborative

Ardas Khalsa

Deputy Medicaid CHIP Director

Texas Health and Human Services Commission

February 7, 2017

October DY5 Reporting Results

- In total for October reporting, Performing Providers reported achievement of 58.6 percent of the 9,084 DY4-DY5 Category 1-4 milestones/metrics.
- HHSC approved 95 percent of the reported milestones/metrics for a total of $2.06 billion in approved DSRIP payments.
- Based on available IGT, $2.05 billion was paid for DSRIP in January 2017, for a total of $9.9 billion in DY1-5 payments to date.
- RHP 3 totaled $391 million paid in January 2017, for a total of $2.03 billion in DY 1-5 payments to date.

DY7-8 Proposal

- HHSC requested to CMS an additional 21 months of level funding for the UC and DSRIP pools, and a continuation of the managed care provisions of the 1115 Waiver, through September 30, 2019.
- The implementation of the DSRIP structure is dependent on CMS approval of the additional 21 months and DSRIP protocols.
- HHSC is posting a survey for feedback on the waiver website.

DSRIP DY7-8 Proposal

- The DY7-8 draft program structure evolves from project-level reporting towards targeted Measure Bundles that are reported by DSRIP Performing Providers as a provider system.
- DY7-8 serves as an opportunity for Performing Providers to move further towards sustainability of their transformed systems, including development of alternative payment models to continue services for Medicaid and low-income or uninsured individuals after the waiver ends.

DSRIP Funding

- The DSRIP pool allocation for DY7-8 would be $3.1 billion per DY.
  - The $775 million allocated to DY6B would be combined with the $2.325 billion agreed to for DY7.
- A Performing Provider's total valuation for DY7 and DY8 would be equal to its total valuation for DY6A with the following exceptions:
  - If HHSC determined that a DSRIP project was ineligible to continue in DY6A, then the Performing Provider may use the funds associated with the DSRIP project beginning in DY7.
  - If a Performing Provider withdrew a DSRIP project between June 30, 2014 and June 30, 2016, then the Performing Provider may use the funds associated with the DSRIP project beginning in DY7.
- HHSC is seeking proposals for uses of the remaining DSRIP funds, estimated at $25M available per DY.

Categories A-D

Categories 1-4 in DY2-6 would be transitioned to the following Categories in DY7-8:

- Category A - Required reporting that includes progress on core activities, alternative payment model arrangements, costs and savings, and collaborative activities.
- Category B - Medicaid and Low-income or Uninsured (MLIU) Patient Population by Provider (PPP)
- Category C - Measure Bundles
- Category D - Statewide Reporting Measure Bundle, similar to the previous hospital Category 4 reporting expanded to include all Performing Providers.

Category Funding Distribution

	DY 7	DY 8
Category A - required reporting	0%	0%
Category B - MLIU PPP	10%	10%
Category C- Measure Bundles	80 or 85%	80 or 85%
Category D - Statewide Reporting Measure Bundle	5 or 10%	5 or 10%

*If private hospital participation minimums in the region are met, then Performing Providers may increase the Statewide Reporting Measure Bundle funding distribution to 10%.

Category A: Required Reporting

Each Performing Provider would be required to report the following during the second reporting period of each DY as a basis to be eligible for payment of Categories B-D.

- **Core Activities** - Each Performing Provider would report on progress and updates to core activities.
- **Alternative Payment Methodology (APM)** - Each Performing Provider would report on any progress toward or implementation of APM arrangements with Medicaid managed care organizations or other payors.
- **Costs and Savings** - Each Performing Provider would submit costs of the core activities and forecasted/generated savings in a template approved by HHSC or a comparable template.
- **Collaborative Activities** - Each Performing Provider would be required to attend at least one learning collaborative, stakeholder forum, or other stakeholder meeting each DY.

Category B: MLIU PPP

- Each Performing Provider would be required to report the total number of individuals and number of MLIU individuals served by their system each DY.
- Each Performing Provider would be required to submit the baseline total number of individuals and the baseline number of MLIU individuals served by their system in the RHP Plan Update, based on the averages of DY5 and DY6.
- The number of MLIU individuals served and the ratio of MLIU individuals served to total individuals served would be maintained each DY with an allowable variation.
  - The allowable variation would be determined by HHSC once Performing Providers have submitted their baselines, based on provider size and types.
- Partial payment would be available for MLIU PPP.

Category C: Measure Bundles

- Measure Bundles would consist of measures that share a unified theme, apply to a similar population, and are impacted by similar activities.
- Bundling measures:
  - Allows for ease in measure selection and approval.
  - Increases standardization of measures across the state for providers with similar activities.
  - Facilitates the use of regional networks to identify best practices and share innovative ideas.
  - Continues to build on the foundation set in the initial waiver period while providing additional opportunities for transforming the healthcare system and bending the cost curve.

Measure Bundle Connections to Previous Categories 1 and 2

- The Measure Bundle Menu will be developed so that each bundle will connect to one or more DSRIP Category 1 or 2 project area on the Transformational Extension Menu (TEM).
- Most DSRIP Category 1 and 2 project areas could be connected to one or more Measure Bundles.
- The most common Category 1 and 2 project areas could connect to multiple bundles because they are broad activities.
- Performing Providers would be required to describe the transition from DY2-6 projects to the selected Measure Bundles in the RHP Plan Update.

Measure Bundles Menu

- HHSC will work with stakeholders to finalize a menu of Measure Bundles.
- The final menu may include measures taken from common existing Category 3 outcome measures, new or updated measures from authoritative sources, and innovative measures developed for DSRIP by participating entities to fill gaps in current standardized measures.
- Innovative measures may be developed--pending interest--by a Texas entity functioning as a measure steward.
- Bundles would include a mix of related process measures (currently designated as non-standalone [NSA]) and patient clinical outcomes (currently designated as standalone [SA]).

Measure Bundle Point Value

Each Measure Bundle would be assigned a point value based on one or more of the following factors:

- The number of measures in the bundle and the difficulty of the measures in the bundle. (Ex: Current Category 3 stand-alone (SA) measures are worth 3 points, and current Category 3 non stand-alone (NSA) measures are worth 1 point).
- Whether the measure is pay-for-performance (P4P) or pay-for-reporting (P4R).
- Whether the bundle is considered a state priority. (Ex: If the bundle is considered a state priority, one point could be added to its value).

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Measure Bundle Selection Criteria

- Each Performing Provider would be assigned a minimum point threshold for Measure Bundle selection based on DY7 valuation and its size and role in serving the Medicaid and uninsured population.
  - HHSC is considering using factors such as Medicaid and uninsured charges and inpatient days as reported in the Uncompensated Care (UC) Tool, UC payments, and Disproportionate Share Hospital (DSH) payments.
  - There will be a cap on the minimum point threshold for providers with very high valuations.
- Performing Providers would select one or more bundles to meet or exceed their minimum point threshold.

Measure Bundles for CMHCs and LHDs

- HHSC is proposing that each Community Mental Health Center (CMHC) is required to select a combination of measures to create one or more Measure Bundles.
- HHSC is seeking proposals from Local Health Departments (LHDs) for their Measure Bundle requirements.
- HHSC anticipates flexibility in measure selection for CMHCs and LHDs.

Measure Bundle Milestones

- The milestone structure and valuation for DY7-8 would be as follows:

	P4R Measure	P4P Measure
DY7	100% Reporting Year (RY) 1 reporting milestone	25% baseline reporting milestone
		25% Performance Year (PY) 1 reporting milestone
		50% PY1 goal achievement milestone
DY8	100% RY2 reporting milestone	25% PY2 reporting milestone
		75% PY2 goal achievement milestone

Measure Bundle Reporting

- For P4P measure goal achievement milestones, each Performing Provider would be paid for achievement of the MLIU rate.
- For P4P and P4R measure reporting milestones, each Performing Provider would be required to report the rate for All-Payer, Medicaid, and LIU payer types (with some exceptions due to volume or data limitations) to be eligible for payment of the reporting milestone for the measure.
- Partial payment would be available for P4P measure milestones.
- Carryforward of reporting, not carryforward of achievement, would be allowed for all goal achievement milestones.

Category D: Statewide Reporting Measure Bundle

- Each Performing Provider would be required to report on the Statewide Reporting Measure Bundle according to the type of Performing Provider.
- The measures would be similar to the previous Category 4 population-focused measures with additional measures developed for non-hospital Performing Providers with stakeholder involvement and feedback.

Private Hospital Participation Regional Incentive

- If a region maintains its current level of private hospital participation, each Performing Provider in the region would be allowed to shift 5 percent of their total valuation from Category C (P4P) to Category D (P4R).
- A region would maintain the private hospital participation at submission of the RHP Plan DY7-8 update.
  - A 3 percent decrease may be allowed in each region and considered maintenance.
- The current statewide private hospital DY6 valuation is $868 million. With the allowable 3 percent decrease, there would be a statewide minimum total private hospital valuation of $842 million in DY7-8.

Estimated Timeline

- February 9, 2017 – Webinar scheduled to present proposed PFM Protocol.
- February 2017 – Gather stakeholder feedback on the draft PFM Protocol using the survey posted on the waiver website. HHSC is particularly interested in feedback on:
  - Definition of provider "system"
  - Factors and weights to determine minimum point thresholds for hospitals and physician practices
  - Requirements for LHDs
  - Uses for remaining DSRIP funds – estimated $25M available per DY
- March 31, 2017 – Submit PFM Protocol to CMS for approval.

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Estimated Timeline

- February – May 2017 – Gather stakeholder feedback on the Measure Bundles.
  - Clinical Champions subgroups
  - CMHCs workgroup, in collaboration with the Texas Council
  - LHDs workgroup
- June/July 2017 – DY7-8 proposed rules posted for public comment.
- June 30, 2017 – Submit Measure Bundle Protocol to CMS for approval.
- August 2017 – Targeted CMS approval of protocols.

Estimated Timeline (cont.)

- November 30, 2017 – Anchors submit RHP Plan Updates, including:
  - Updated community needs assessment
  - MLIU PPP - baseline total number of individuals and baseline number of MLIU individuals served by each Performing Provider's system
  - Measure Bundle selections
  - New activities or ongoing activities from Performing Providers' initial Category 1 or 2 projects to improve performance on the measures in their selected bundles
- April 2018 – first opportunity for Performing Providers to report measure bundle baselines.

Waiver Communications

- Find updated materials and outreach details:
  - https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver

- Submit questions to:
  - TXHealthcareTransformation@hhsc.state.tx.us




Break

1:30-2:00

DY7-8 Protocol Feedback Session
Break and Snack

Dr. David Buck

President
Patient Care Intervention Center

Erik Halvorsen

Director
The TMC Innovation Institute

Will Hudson

Waiver Project Administrator
Harris County Public Health




THANK YOU!

SETexasRHP@HarrisHealth.org