RHP Plan Update Provider Form

This page provides high-level information on the various inputs that a user will find within this template.

Cell Background	Description
Sample Text	Required user input cell, that is necessary for successful completion
Sample Text	Pre-populated cell that a user CANNOT edit
Sample Text	Pre-populated cell that a user CAN edit
Sample Text	Optional user input cell

DY9-10 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

Section 1: Performing Provider Information	**Complete**
Section 2: Lead Contact Information	**Complete**
Section 3: Optional Withdrawal From DSRIP	**Complete**
Section 4: Performing Provider Overview	**Complete**
Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)	**Complete**

Section 1: Performing Provider Information

RHP:	**3**			
TPI and Performing Provider Name:	**139135109 - Texas Children's Hospital**			
Performing Provider Type:	Hospital			
Ownership:	Private			
TIN:	17411005550501			
Physical Street Address:	2450 Holcombe Blvd Suite 34L			
City:	Houston			
Zip:	77021			
Primary County:	Harris			
	Brazoria	Fort Bend	Montgomery	Waller
Additional counties being served (optional):	Galveston	Liberty	Chambers	

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Karen Rose	Yan Shi	Danyalle Evans
Street Address:	1102 Bates Ave., Suite 1440	1102 Bates Ave., Suite 1440	1102 Bates Ave., Suite 1440
City:	Houston	Houston	Houston
Zip:	77030	77030	77030
Email:	kmrose@texaschildrens.org	yxshi2@texaschildrens.org	dlevans3@texaschildrens.org
Phone Number:	(832) 824-5981	832-824-1378	(832) 824-1344
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the DSRIP Provider Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP Provider Distribution List, and will be given access to the DSRIP Online Reporting System.

Section 3: Optional Withdrawal From DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP", this organization acknowledges it understands that any DY9-10 DSRIP funds will be redistributed within the RHP and it will no longer have access to those DSRIP funds.

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description:	Texas Children's Hospital is an internationally recognized, full-care pediatric hospital located in the Texas Medical Center in Houston. One of the largest pediatric hospitals in the United States, Texas Children's is dedicated to providing the finest possible pediatric patient care, education, and research. Since opening its doors in 1954, the Hospital has cared for children from every corner of the world alongside its academic partner, Baylor College of Medicine. Together, Texas Children's and Baylor represent one of the most active and government supported pediatric research programs across the U.S. Investigators are conducting innovative research in nearly every pediatric subspecialty with the goal of quickly translating discoveries into breakthrough treatments for children and pregnant women across the globe.

Overall DSRIP Goals:	Texas Children's overall DSRIP goals center on implementing delivery system reforms that increase access to health care, improve quality of care, and enhance the health of the patients and families that we serve. Implementing these delivery system reforms also aligns with the Institute for Healthcare Improvement's (IHI) triple aim, to improve patient experience, enhance population health, and reduce the per capita cost of care.

Alignment with regional community needs assessment:	Texas Children's DSRIP efforts aim to address the needs outlined in the Southeast Texas RHP - Region 3 Community Needs Assessment, which closely align with the needs identified in Texas Children's Community Health Needs Assessment. From chronic disease and poor birth outcomes to limited access to maternal, primary, and specialty care, Texas Children's Hospital is committed to developing and sustaining system-wide initiatives that recognize Texas Children's role as a health care leader for the region and country.

Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
$30,549,681.09	$26,060,444.51	55

Would you like to decrease the total valuation?

No

If a provider withdraws in your RHP, would you be willing to increase the total valuation and MPT by the following?

Provider Selection:	Increase DY10 Valuation up to:	Updated MPT:	
Yes	$26,249,999.99	55	<-- Note: This is your current MPT
Yes	$26,749,999.99	56	
Yes	$27,249,999.99	57	
Yes	$27,749,999.99	58	
Yes	$28,249,999.99	59	
Yes	$28,749,999.99	60	
Yes	$29,249,999.99	61	

At this point, please stop and submit your RHP Plan Update to your RHP's Anchor Entity for calculating available funds for redistribution.
Once you receive information from your Anchor regarding additional funds available, you may continue.

Have you received information from your Anchor regarding additional funds available?

Yes

	DY9	DY10

Additional DSRIP Funds from Withdrawn Providers	$0.00	$0.00

	Category Percentage (%)	DY9-10 DSRIP Valuation Distribution	
		DY9	DY10
Category A	0%	$0.00	$0.00
Category B	10%	$3,054,968.11	$2,606,044.45
Category C	75%	$22,912,260.82	$19,545,333.38
Category D	15%	$4,582,452.16	$3,909,066.68
Total	100%	$30,549,681.09	$26,060,444.51

Original MPT:	55
Adjusted MPT based on updated valuation:	55

Have you reviewed and confirmed the valuations listed in the table above and identified available IGT to fund these DSRIP amounts?

Yes

Generate Worksheets

DY9-10 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition | **Complete**
Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP) | **Complete**

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY9:	$3,054,968.11
Category B valuation in DY10:	$2,606,044.45

Section 1: System Definition

Would you like to modify the System Definition?

No

Hospitals - Required Components

Required System Component	Business Component?
Inpatient Services	Business Component of the Organization

Please enter a description of this System Component.

Texas Children's Hospital is an internationally recognized, full-care pediatric hospital located in the Texas Medical Center in Houston. With 650 beds and 3 hospitals, Texas Children's has over 3.3 million patient encounters each year. The following is a list of departments that make up our inpatient services.
Inpatient services at TCH Medical Center Campus
Inpatient services at TCH West Campus
Inpatient services at TCH The Woodlands Campus
Pediatric Hospital Medicine
Palliative Care Service
Cancer Treatment at Wallace Tower (Clinical Care Tower)
Infusion Center at Wallace Tower (Clinical Care Tower)

Infusion Center at Wallace Tower (Clinical Care Tower)
Pathology 3 at Wallace Tower
Cardiology Diagnostics at West Campus
Children's Sleep Center at West Campus
CT Imaging at West Campus
Infusion Center at West Campus
Interventional Radiology at West Campus
Interventional Radiology at West Campus
MR Imaging at West Campus
Neurosurgery at West Campus
Ultrasound Imaging at West Campus
X-Ray Third Floor at West Campus
X-Ray Fifth Floor at West Campus
X-Ray/Fluoroscopy Imaging at West Campus
Childrens Sleep Center at The Woodlands
CT Imaging at The Woodlands
Infusion Center at The Woodlands
Interventional Radiology at The Woodlands

Required System Component	Business Component?
Emergency Department	Business Component of the Organization

Please enter a description of this System Component.

Emergency Center at The Woodlands
Emergency Center at West Campus
Emergency Center at West Tower

Required System Component	Business Component?
Owned or Operated Outpatient Clinics	Business Component of the Organization

Please enter a description of this System Component.

Texas Children's Hospital provides care in more than 40 pediatric subspecialties and treats children across the state, nation and world for the most complex conditions. Below is a list of departments that make up our outpatient services.
Texas Children's Pediatrics Cy-Fair
Texas Children's Pediatrics Sugar Land
Adol/Spor/Yng Woman's at Health Center Cy-Fair
Adol/Spor/Yng Woman's at Health Center Sugar Land
Adol/Spor/Yng Woman's at Wallace Tower (Clinical Care Tower)
Adolescent Medicine at West Campus
Allergy and Immunology at Health Center Sugar Land

Allergy and Immunology at Health Center Sugar Land
Allergy and Immunology at Specialty Care Kingwood
Allergy and Immunology at The Woodlands
Allergy and Immunology at The Woodlands
Allergy and Immunology at Wallace Tower (Clinical Care Tower)
Allergy and Immunology at West Campus
Bone Marrow Transplant at West Tower

Breast Clinic at Wallace Tower (Clinical Care Tower)
Cancer Center at The Woodlands
Cancer Center at Wallace Tower (Clinical Care Tower)
Cancer Center at West Campus
Cancer Genetics at Wallace Tower (Clinical Care Tower)
Cardiac Development Outcomes Program at West Tower
Cardiology at Health Center Clear Lake
Cardiology at Health Center Cy-Fair
Cardiology at Health Center Sugar Land
Cardiology at Specialty Care Kingwood

Required System Component	Business Component?
Maternal Department	Business Component of the Organization

Please enter a description of this System Component.

At Texas Children's Pavilion for Women, we care for women and children from preconception, to long after the birth of the child. We are dedicated to obstetrics, gynecology, and fetal intervention because we know to improve the health of children, we must start with mothers. The Pavilion for Women is a 15-story, 1.3 million-square-foot facility with 106 patient beds and the capacity to deliver 5,000 babies annually. Below is a list of departments that make up the Maternal Services.
Baylor Gynecology - Pavilion for Women
Baylor Gynecology/Oncology - Pavilion for Women
Baylor Maternal Fetal Medicine - Pavilion for Women
Baylor Obstetrics/Gynecology - Pavilion for Women
Baylor REI/IVF - Pavilion for Women
Baylor Uro/Gynecology - Pavilion for Women
CT Imaging - Pavilion for Women
Family Fertility Center - Pavilion for Women
Fetal Center - Pavilion for Women
Fetal Center Echo - Pavilion for Women
Infusion Center - Pavilion for Women
Interventional Radiology - Pavilion for Women
IR Imaging Clinic - Pavillion for Women
Labor & Delivery Operation Room - Pavilion for Women

Labor & Delivery Unit - Pavilion for Women
Lactation Support - Pavilion for Women
Maternal Fetal Medicine - Methodist Hospital
Maternal Fetal Medicine - Northwest
Maternal Fetal Medicine - Sugar Land
Maternal Fetal Medicine - West Houston
Maternal Fetal Medicine at The Woodlands
MEG - Pavilion for Women
MR Imaging - Pavilion for Women

Required System Component	Business Component?
Owned or Operated Urgent Care Clinics	Business Component of the Organization

Please enter a description of this System Component.

Texas Children's Urgent Care clinics are open Monday through Friday, 4:30 to 11 p.m. and Saturday and Sunday, 12 to 8 p.m. The clinics are staffed by board certified pediatricians who have privileges at Texas Children's Hospital. Pediatricians diagnose and treat a wide variety of ailments, illnesses and conditions, including: asthma, strep throat, fever, minor burns, influenza, ear infections, allergic reactions and more. Procedures provided include: antibiotic injections, breathing treatments, fracture care and splinting, IV (intravenous) fluids, lab services, laceration repair and x-rays on-site. Below is a list of our urgent care locations.
Texas Children's Urgent Care - The Vintage
Texas Children's Urgent Care - Heights
Texas Children's Urgent Care - Main Campus
Texas Children's Urgent Care - Memorial
Texas Children's Urgent Care - Pearland
Texas Children's Urgent Care - Cinco Ranch
Texas Children's Urgent Care - East
Texas Children's Urgent Care - Fairfield
Texas Childrens Urgent Care - The Woodlands

Hospitals - Optional Components

Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No

Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No

Optional System Component	Would you like to select this component?
School-based Clinics	No

Optional System Component	Would you like to select this component?
Contracted Palliative Care Programs	No

Optional System Component	Would you like to select this component?
Contracted Mobile Health Programs	No

Optional System Component	Would you like to select this component?
Other	No

Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)

	DY7	DY8
MLIU PPP	204,326	204,326
Total PPP	541,306	541,306

Please indicate the population included in the MLIU PPP

☑ Medicaid	☐ Dual Eligible	☑ CHIP	☐ Local Coverage Option	☐ Insured on the Exchange
☐ Low-Income (Below 200% FPL)	☑ Self-Pay	☐ Uninsured	☐ Other (please explain below)	

Would you like to modify the MLIU PPP goal and/or Total PPP?

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	186,694
Estimated Low-income or Uninsured Individuals served in DY7	17,632
Estimated Medicaid individuals served in DY8	185,664
Estimated Low-income or Uninsured Individuals served in DY8	18,662
MLIU PPP Goal for each DY (DY9 and DY10):	204,326
Forecasted Medicaid individuals served in each DY for DY9-10	185,664
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	18,662
Average Total PPP in each DY	541,306
MLIU percentage of Total PPP	37.75%

Allowable Variation	1.00%

*The MLIU percentage and forecasted Medicaid and LIU counts are for informational purposes only.

DY9-10 Provider RHP Plan Update Template - Category C Selection

Progress Tracker

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	Note: you must confirm selections at the bottom of the page to finish.	MPT	55
Section 3: Measure Exemption Requests	Complete		Points Selected	71
			Bundles Selected	8
Minimum Selection Requirements Met	Yes		Maximum Deletions Met	Y
MPT Met	Yes		Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category C valuation in DY9:	$22,912,260.82
Category C valuation in DY10:	$19,545,333.38

MINIMUM POINT THRESHOLD (MPT):   55

Each Performing Provider must maintain or select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab.
A maximum of 20 points from DY7-8 to DY9-10 may be deleted with good cause. There is no limit on the number of added bundles or measures.

Section 1: Attributed Population

Attributed Population for Hospital

a. Medicaid beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRIP defined system OR
b. Individuals enrolled in a local coverage program (for example, a county-based indigent care program) assigned to a PCP, medical home, or clinic in the performing providers DSRIP defined system OR
c. One preventive service provided during the measurement period (value sets of visit type codes for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR
d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
e. Two ambulatory encounters during the measurement year OR
f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system
g. One emergency department visit during the measurement year OR
h. One admission for inpatient or observation status during the measurement year OR
i. One prenatal or postnatal visit during the measurement year OR
j. One delivery during the measurement year OR
k. One dental encounter during the measurement year OR
l. Enrolled in a palliative care or hospice program during the measurement year OR
m. Other populations not included above that should be included in a measure bundle target population included in the RHP plan submission and approved by HHSC (for example, individuals enrolled in community based education programs)

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices

Measure Bundles for Hospitals & Physician Practices

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	A1	Improved Chronic Disease Management: Diabetes Care	11	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	A2	Improved Chronic Disease Management: Heart Disease	8	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	B1	Care Transitions & Hospital Readmissions	11	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	B2	Patient Navigation & ED Diversion	3	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	C1	Primary Care Prevention - Healthy Texans	12	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	C2	Primary Care Prevention - Cancer Screening	6	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	C3	Hepatitis C	4	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	D1	Pediatric Primary Care	12	14	

This bundle was selected for DY7/8 and can be continued or can be dropped

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-108	Childhood Immunization Status (CIS)	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-212	Appropriate Testing for Children With Pharyngitis	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-271	Immunization for Adolescents	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-284	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Required	P4P	Process	N/A
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-301	Maternal Depression Screening	Optional	P4P	Process	1

Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-389	Human Papillomavirus Vaccine (age 15-18)	Optional	P4P	Immunization	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-400	Tobacco Use and Help with Quitting Among Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4R (All Payer, Medicaid, LIU)	D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	Required	P4R	Population Based Clinical Outcome	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	D3	Pediatric Hospital Safety		10	10		

This bundle was selected for DY7/8 and can be continued or can be dropped

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	D3-330	Pediatric CLABSI	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	D3-331	Pediatric CAUTI	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	D3-333	Pediatric Surgical site infections (SSI)	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	D3-334	Pediatric Adverse Drug Events	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	D3-335	Pediatric Pressure Injuries	Required	P4P	Hospital Safety	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	D4	Pediatric Chronic Disease Management: Asthma		9	9		

This bundle was selected for DY7/8 and can be continued or can be dropped

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D4-139	Asthma Admission Rate (PDI14)	Required	P4P	Population Based Clinical Outcome	4
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D4-353	Proportion of Children with ED Visits for Asthma with Evidence of Primary Care Connection Before the ED Visit	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D4-375	Asthma: Pharmacologic Therapy for Persistent Asthma (Rate 3 only)	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	D5	Pediatric Chronic Disease Management: Diabetes		8	8		

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D5-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D5-406	Diabetes Short-term Complications Admission Rate (PDI 15)	Required	P4P	Population Based Clinical Outcome	4

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	E1	Improved Maternal Care	10	10	

This bundle was selected for DY7/8 and can be continued or can be dropped

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: Medicaid; R: Medicaid)	E1-232	Timeliness of Prenatal Care	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E1-235	Post-Partum Follow-Up and Care Coordination	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E1-300	Behavioral Health Risk Assessment (for Pregnant Women)	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	E2	Maternal Safety	12	12	

This bundle was selected for DY7/8 and can be continued or can be dropped

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E2-151	PC-03 Antenatal Steroids	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	E2-601	Hemorrhage Risk Assessment	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	E2-602	Quantified Blood Loss	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	F1	Improved Access to Adult Dental Care	7	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
No	F2	Preventive Pediatric Dental	2	0		

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	G1	Palliative Care	6	6		

This bundle was selected for DY7/8 and can be continued or can be dropped

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-276	Hospice and Palliative Care – Pain Assessment	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-277	Hospice and Palliative Care – Treatment Preferences	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-362	Hospice and Palliative Care - Dyspnea Treatment	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-363	Hospice and Palliative Care - Dyspnea Screening	Required	P4P	Process	N/A
No		G1-505	Proportion Admitted to Hospice for less than 3 days (PQRS #457)	Optional	P4P	Clinical Outcome	3
No		G1-507	Proportion Not Admitted to Hospice	Optional	P4P	Clinical Outcome	3

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12	0		

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
No	H2	Behavioral Health and Appropriate Utilization	8	0		

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
No	H3	Chronic Non-Malignant Pain Management	10	0		

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		

			Measure Bundle Base Points	Points Selected in Bundle
No	H4	Integrated Care for People with Serious Mental Illness	5	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
Yes - Continue	I1	Specialty Care	2	2

This bundle was selected for DY7/8 and can be continued or can be dropped

Please describe specialty care project activities that will be continued in DY9 and DY10 and clearly describe the tool proposed, justification for its use in accordance with the requirements included in the Final Category C Specifications document, and a description of the target population that will be measured.

Target Population: TCH will define the cerebral palsy population denominator as ICD10 Codes: (G80.0-9), G11.4 ICD9 Codes: 333.71, 334.1, 343, 343.1, 343.2, 343.8, 343.9; cared for in the Physical Medicine and Rehabilitation (ages 7-18) and Transition Medicine (age 18 and over) specialty care clinics.

Assessment Tool: The PedsQL-CP survey will be utilized to evaluate improvement in functional status and quality of life for CP patients with GMFCS level 1, 2 and 3. The tool is standardized and meets the Specialty Bundle specifications. Patients with CP in GMFCS levels 1 through 3 have higher levels of independence with mobility and are usually more able to communicate their wants and needs.   The PedsQL-CP module represents the most relevant tool to assess the functional status and quality of life for individuals who maintain some level of independent care. It recognizes the patient's perspective on their chronic condition and promotes patient involvement in care management decisions.

Project Activities to be continued in DY9&10: Care coordination bringing together specialists in CP, both medical and surgical, to enhance care to this patient population. Include Physical Therapy presence in CP and spasticity clinics. Appropriate navigation to assist families in navigating a complex system where some appointments are scheduled on the same day in the same place versus needing to get tests/other visits accomplished outside the main clinics.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
Yes - Continue Measure	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	I1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)	Optional	P4P	Quality of Life	1
Yes - Continue Measure	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	I1-386	Improvement in Functional Status or QoL (Modified from PQRS #435)	Optional	P4P	Quality of Life	1

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	J1	Hospital Safety	10	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	K1	Rural Preventive Care	3	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	K2	Rural Emergency Care	3	0

Total overall selected points:	71

You have met the minimum selection requirements.

You have selected enough measures to meet or exceed your organization's MPT.

Are you finished making your selections?

Yes

Section 3: Measure Exemption Requests

In order to be eligible for payment for a measure's reporting milestone, the Performing Provider must report its performance on the all-payer, Medicaid-only, and LIU-only payer types. Performing Providers may request to be exempted from reporting a measure's performance on the Medicaid-only payer type or the LIU-only payer type with good cause, such as data limitations. Note that reporting a measure's all-payer performance is still required to be eligible for payment for a measure's reporting milestone.

Bundle-Measure ID	Measure Name	Baseline Measurement Period	
E2-601	Hemorrhage Risk Assessment	CY2019: January 1, 2019 - December 31, 2019	
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

Bundle-Measure ID	Measure Name	Baseline Measurement Period	
E2-602	Quantified Blood Loss	CY2019: January 1, 2019 - December 31, 2019	
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

DY9-10 Provider RHP Plan Update Template - Category C Related Strategies

Progress Tracker

Section 1: Related Strategies — Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139115109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Related Strategies

Instructions: The following Related Strategies Lists are associated with the DY9-10 Measure Bundle/measure selections you made in the "Category C Selection" tab. To complete this section, two reporting indications regarding the strategy's implementation (e.g., Implementation Date and Implementation Status) must be made for all of the individual Related Strategies within each of the required Lists.

Of note, if "Before DSRIP; DY1-6; or DY7-8" is selected for "Implementation Date", then the options for "Implementation Status" will automatically be restricted to "Implemented in small scale; Implemented throughout system; or Implemented then discontinued". If instead, "Planned for DY9-10" is selected for "Implementation Date", then the option for "Implementation Status" will automatically select "Not yet implemented". If instead, "Not applicable" is selected for "Implementation Date", then the option for "Implementation Status" will automatically select "Not applicable".

Related Strategies			Related Strategies Lists							
			D1, D4, D5		E1, E2		G1, I1		J1, D3	
			Pediatric Primary Care and Chronic Disease Management (H/PP)		Maternal Care and Safety (H/PP)		Palliative Care and Specialty Care (Chronic and Life Impacting Conditions) (H/PP)		Hospital Safety (H/PP)	
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	Not applicable	Not applicable	Before DSRIP	Implemented in small scale				
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Not applicable	Not applicable	Planned for DY9-10	Not yet implemented				
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable				
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable				
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)	Access to Care	Not applicable	Not applicable	DY7-8	Implemented in small scale				
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable				
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Not applicable	Not applicable	DY7-8	Implemented in small scale				
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office (excludes home-based care)	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable				
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	Not applicable	Not applicable	DY7-8	Implemented in small scale	DY7-8	Implemented in small scale		
2.01	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	DY1-6	Implemented throughout system	DY7-8	Implemented in small scale	Not applicable	Not applicable		
2.02	Automated reminders/flags within the E.H.R. or other electronic care platform (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	DY1-6	Implemented throughout system	DY7-8	Implemented throughout system	Not applicable	Not applicable		
2.10	Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.)	Care Coordination	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
2.11	Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical social worker, etc.)	Care Coordination	DY1-6	Implemented throughout system	Not applicable	Not applicable	DY1-6	Implemented throughout system		
2.12	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical triage, care transitions, etc.	Care Coordination	Not applicable	Not applicable	DY7-8	Implemented in small scale	DY1-6	Implemented throughout system		
2.20	Formal closed loop process for scheduling a follow-up visit with a primary care provider and/or assigning a primary care provider when none is identified	Care Coordination	DY7-8	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable		
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	DY7-8	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable		
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	Not applicable	Not applicable	DY7-8	Implemented in small scale	Not applicable	Not applicable		
2.50	Data sharing connectivity across care settings within provider's integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	Before DSRIP	Implemented in small scale	DY1-6	Implemented throughout system	Not applicable	Not applicable		
2.51	Data sharing connectivity or Health Information Exchange (HIE) arrangement across care settings external to provider's office/integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	DY1-6	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable		
2.60	Formal closed loop process for coordinating the transition from pediatric to adult care	Care Coordination	Not applicable	Not applicable						
3.00	Panel management and/or proactive outreach of patients using a gap analysis method (i.e. strategically targeting patients with missing or overdue screenings, immunizations, assessments, lab work, etc.)	Data Analytics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
3.01	Panel management and/or proactive outreach of patients using a risk-stratification method (i.e. strategically targeting patients based on risk factors associated with worsening disease states)	Data Analytics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Planned for DY9-10	Not yet implemented
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	Not applicable	Not applicable	DY7-8	Implemented throughout system	Not applicable	Not applicable	Before DSRIP	Implemented throughout system
3.20	Analysis of appointment "no-show" rates	Data Analytics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
3.30	Formal partnership or arrangement with post-acute care facilities (e.g. skilled nursing facility, inpatient rehabilitation facility, long-term acute care hospital, home health agency, hospice, etc.) to track/share quality measures such as length of stay and readmission rates, etc.	Data Analytics					Not applicable	Not applicable		
3.40	Formal partnership or arrangement with schools/school districts to track/share data such as absenteeism, classroom behaviors, etc.	Data Analytics	Not applicable	Not applicable						
4.00	Care team includes a clinical pharmacist(s)	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.01	Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc.	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.02	Care team includes a registered dietician(s)	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.10	Group visit model or similar non-traditional appointment format that includes at least one provider and a group of patients with shared clinical and/or social experiences	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.20	Home visit model of providing clinical services at a patient's residence (may be restricted to specific patient subpopulations)	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.31	Classes for patients focused on diet, nutrition counseling, and/or cooking	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.32	Classes for patients focused on physical activity	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.50	Telehealth to provide remote monitoring of patient biometric data (e.g. HbA1c levels, blood pressure, etc.) and/or medication adherence	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.60	Patient educational materials or campaigns about preventive care (e.g. immunizations, preventive screenings, etc.)	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.61	Patient educational materials or campaigns about advance care planning/directives	Disease Management					Not applicable	Not applicable		
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.80	Hospital hand hygiene protocol/programming	Disease Management							Before DSRIP	Implemented throughout system
4.81	Checklist(s) (or similar standardized protocol) tailored to prevent hospital safety-related events	Disease Management							Before DSRIP	Implemented throughout system
4.82	Formal process for monitoring compliance with hospital safety-related protocols (includes reviews, "secret shopper" approaches, etc.)	Disease Management							Before DSRIP	Implemented throughout system
4.83	Formal process for analyzing and addressing hospital safety-related events (includes root-cause analyses, remediation policies, etc.)	Disease Management							Before DSRIP	Implemented throughout system
5.00	Screening patients for food insecurity	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.01	Formal partnership or arrangement with food resources to support patient health status (e.g. local food banks, grocery stores, etc.)	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.10	Screening patients for housing needs	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.11	Formal partnership or arrangement with housing resources to support patient health status (e.g. affordable housing units, transitional housing, rental assistance, etc.)	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.12	Screening patients for housing quality needs	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.13	Formal partnership or arrangement with housing quality resources to support patient health status (e.g. housing inspections, pest control management, heating and other utility services, etc.)	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.20	Screening patients for transportation needs	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g. public or private transit, etc.)	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable				
5.30	Formal partnership or arrangement with schools/school districts to collaborate on health-promoting initiatives (e.g. addressing environmental triggers, healthy lunch options, field day activities, etc.)	Social Determinants of Health	Not applicable	Not applicable						

DY9-10 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

Section 1: Core Activities | **Complete**
All Selected Measure Bundles/Measures Associated with at Least One Core Activity | **Complete**

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Core Activities

Previous Core Activities

Core Activity #1

Do you want to edit or delete this Core Activity?   No

1) Please select the grouping for this Core Activity.

Access to Primary Care Services

a) Please select the name of this Core Activity.

Provision of vaccinations to target population

b) Please enter a description of this Core Activity

The Core Activity selected will be provision of vaccinations to target populations. All children 2 years of age should have all required vaccines to prevent childhood diseases, as an organization we strive to vaccinate all children according to the CDC schedule.

i) Please describe the first Secondary Driver for the above Core Activity (required).

Human Papillomavirus Vaccine rates are monitored monthly on a Plan-Do-Study-Act (PDSA) document for Patient Centered Medical Home (PCMH) recognition. Each primary care practice has a process to show improvement for this measure and this process is shared monthly to decide if any changes need to be made.

Texas Children's Pediatrics will be shifting the focus for Fiscal Year 2019 to the Immunizations for Adolescents measure.
Immunizations Measure for Adolescent rates are monitored monthly on a Plan-Do-Study-Act (PDSA) document for Patient Centered Medical Home (PCMH) recognition. Each primary care practice has a process to show improvement for this measure and this process is shared monthly to decide if any changes need to be made.

A) Please list the first Change Idea for the above Secondary Driver (required).

HPV-patients are called to follow-up for the series vaccines and patients are given the Merck text message reminder to help them remember to follow-up. Staff educate parents on the importance of vaccine.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

Childhood and adolescent patients receive calls at appropriate well child ages and practice staff call patients to come in for well child visits/immunization to improve immunization rates.

A) Please list the first Change Idea for the above Secondary Driver (required).

Childhood and adolescent patients-calls are automated to families monthly to remind them of needed appointments. Practice staff will contact patients for upcoming and missed appointments.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

[ ]

B) Please list the second Change Idea for the above Secondary Driver (optional).

[ ]

C) Please list the third Change Idea for the above Secondary Driver (optional).

[ ]

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[ ]

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

[ ]

A) Please list the first Change Idea for the above Secondary Driver (required).

[ ]

B) Please list the second Change Ideas for the above Secondary Driver (optional).

[ ]

C) Please list the third Change Ideas for the above Secondary Driver (optional).

[ ]

D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

[ ]

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

[ ]

A) Please list the first Change Idea for the above Secondary Driver (required).

[ ]

B) Please list the second Change Idea for the above Secondary Driver (optional).

[ ]

C) Please list the third Change Idea for the above Secondary Driver (optional).

[ ]

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[ ]

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

D1			

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

The childhood and HPV activities will improve the number of patients that receive the age appropriate vaccines, throughout the measurement year. Careful monitoring of the data is helpful in improving rates by increasing awareness of actions that are needed.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

Core Activity #2

Do you want to edit or delete this Core Activity?

Edit

Please explain the changes made to the Core Activity and why it was changed

We are not making a change to the Core Activity, we are only making a modification on the Change Ideas to the first Secondary Driver. We are eliminating the first Change Idea of the first Secondary Driver because the Diabetes Education team is recommending eliminate the insulin pump education as a standalone Change Idea because it is incorporated into the overall Diabetes education Change Idea. The pump education has been ongoing and it is continually updated as pump technology changes.

2) Please select the grouping for this Core Activity.

Chronic Care Management

a) Please select the name of this Core Activity.

Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services

b) Please enter a description of this Core Activity

The core activity consists of a population of established patients with Type 1 and Type 2 diabetes, ages 0-21, who are at risk for developing complications. An Education Care Process Team was developed to support educational metrics regarding nutrition and physical activity for diabetes patients. A High Risk Team was also created in order to focus on patients with poor diabetes control who are at risk for complications/comorbidities. These teams manage targeted patient populations and use data driven methodologies to implement improvement strategies for chronic disease management.

i) Please describe the first Secondary Driver for the above Core Activity (required).

A multidisciplinary education team is developing educational material regarding nutrition and physical activity for certified diabetes educators and Registered Dietitians to deliver to patients. The team meets bi-monthly to develop and implement targeted interventions to support the high risk population.

A) Please list the first Change Idea for the above Secondary Driver (required).

The Education team will create and/or modify over 100 new education handouts, and make available through an internal intranet, as well as on the internet for patients. The handouts will be developed by evaluating key topics essential to diabetes curriculum and lifelong learning through a multidisciplinary team.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

A multidisciplinary High Risk care team working in parallel is developing implementation strategies to improve behavioral health support for patients at high risk for complications leading to hospital admissions.

A) Please list the first Change Idea for the above Secondary Driver (required).

To increase the identification of high risk individuals, the high risk team is instituting preventative measures with behavioral health support.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Ideas for the above Secondary Driver (optional).

C) Please list the third Change Ideas for the above Secondary Driver (optional).

D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

D5			

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

Weight assessment continues to be at goal. Annual increases in the delivery of nutrition/physical activity counseling to patients indicate strong continuation of improvement. D5-406 has shown improvement in the current measurement year compared to prior measurement year that we are optimistic will continue through our multicomponent readmission bundle that addresses diabetes education, barriers to diabetes and potential solutions, clinic follow-up and working with community and school support systems. D5-T07 has shown mixed results to-date, however, continued focus by the care process teams on expanding educational material and delivery of interventions toward the high risk population including creation of an acute diabetes clinic for management of ketones are expected to improve results over time.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

Core Activity #3

Do you want to edit or delete this Core Activity?   No

3) Please select the grouping for this Core Activity.

Chronic Care Management

a) Please select the name of this Core Activity.

Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services

b) Please enter a description of this Core Activity

Texas Childrens will monitor and manage its asthma patient population across the care delivery system in an effort to improve the care provided and decrease the need for acute and emergency services by this high risk population.

i) Please describe the first Secondary Driver for the above Core Activity (required).

Texas Childrens will utilize its Asthma Care Process Team (CPT) to monitor and manage the asthma population and improve care. The CPT will develop standardized Aims to guide providers in standardizing and improving care for the chronic asthma population.

A) Please list the first Change Idea for the above Secondary Driver (required).

The Texas Childrens Asthma Care Process Team leadership will train care teams on the global aims the system is striving to achieve and monitoring for best practice. Improvement against these aim measures will be regularly tracked and discussed during CPT meetings and shared with physician leadership.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

The CPT will also develop an Asthma Registry to make this data accessible to care providers at the point of service and drive improved care decisions. Improved management of the population will be accomplished through visualization tools for tracking of progress towards goals and a registry within the EMR for real-time guidance to physicians and advanced practitioners. The registry will increase the efficiency and timeliness of population management activities such as bulk messaging. Care coordination efforts will also utilize these tools to streamline timely care for avoidance of ED visits and admissions. The registry will provide visibility overall to the persistent asthma patient population to insure prompt and appropriate medication management.

A) Please list the first Change Idea for the above Secondary Driver (required).

Asthma dashboards will be built out of the Asthma registry to provide real time, actionable data to physician and nurse teams and improve preventive care and proactive management of high risk asthma patients.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Ideas for the above Secondary Driver (optional).

C) Please list the third Change Ideas for the above Secondary Driver (optional).

D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

    v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

        A) Please list the first Change Idea for the above Secondary Driver (required).

        B) Please list the second Change Idea for the above Secondary Driver (optional).

        C) Please list the third Change Idea for the above Secondary Driver (optional).

        D) Please list the fourth Change Idea for the above Secondary Driver (optional).

        E) Please list the fifth Change Idea for the above Secondary Driver (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

D4			

    i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

> With real time access to data on their patients, providers can prevent ED visits and admissions by spotting high-risk behaviors such as missed preventive appointments or frequent refills. Providers will also have better access to monitor which persistent asthma patients are not currently on controller medications, and intervening to correct.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

Core Activity #4

Do you want to edit or delete this Core Activity?   No

    4) Please select the grouping for this Core Activity.

Palliative Care

        a) Please select the name of this Core Activity.

Provision of coordinated palliative care to address patients with end-of-life decisions and care needs.

b) Please enter a description of this Core Activity

Palliative care includes the management of pain, dyspnea and other symptoms and addresses the psychological, social and spiritual needs of children living with life-threatening conditions. The goal of palliative care is to achieve the best quality of life for the patient, consistent with their values. This coordinated care is delivered through an interdisciplinary team which follows the patient throughout the care continuum including emergency center, outpatient and inpatient settings.

i) Please describe the first Secondary Driver for the above Core Activity (required).

All new palliative care consults will receive comprehensive palliative care assessments, and evidence based treatment plan interventions (including pharmacologic and non-pharmacologic). Palliative care consults provide a pain assessment based on the appropriate evidence based pain scale for the childs age and development (FACES, FLACC, Numeric, CRIES and PIPP).

A) Please list the first Change Idea for the above Secondary Driver (required).

Building an electronic consultation document that will identify all the palliative care measures including appropriate screening for dyspnea and pharmacologic and non-pharmacologic interventions for dyspnea based on the evidence available in pediatrics. Palliative Care Measures data will be reviewed by a multidisciplinary Palliative Care team monthly, identify gaps, and conduct rapid cycle PDSAs.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

[   ]

    A) Please list the first Change Idea for the above Secondary Driver (required).

[   ]

    B) Please list the second Change Idea for the above Secondary Driver (optional).

[   ]

    C) Please list the third Change Idea for the above Secondary Driver (optional).

[   ]

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[   ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[   ]

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

[   ]

    A) Please list the first Change Idea for the above Secondary Driver (required).

[   ]

    B) Please list the second Change Ideas for the above Secondary Driver (optional).

[   ]

    C) Please list the third Change Ideas for the above Secondary Driver (optional).

[   ]

    D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

[   ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[   ]

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

[   ]

    A) Please list the first Change Idea for the above Secondary Driver (required).

[   ]

    B) Please list the second Change Idea for the above Secondary Driver (optional).

[   ]

    C) Please list the third Change Idea for the above Secondary Driver (optional).

[   ]

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[   ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[   ]

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

G1			

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

> With a standardized approach to the palliative care consults using an electronic medical record with evidence based algorithms, we anticipate that the palliative care measure bundle will demonstrate improved symptom management and treatment preferences for palliative care pediatric patients and their families.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

> No

Core Activity #5

Do you want to edit or delete this Core Activity?

> No

5) Please select the grouping for this Core Activity.

> Maternal and Infant Health Care

a) Please select the name of this Core Activity.

> Implementation of evidence-based strategies to reduce low birth weight and preterm birth (Evidence-based strategies include Nurse Family Partnership, Centering Pregnancy, IMPLICIT: Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques among others)

b) Please enter a description of this Core Activity

> Early antenatal care (1st trimester) with comprehensive evaluation, screening and interventions for high for high-risk behaviors and conditions improves mother and baby outcomes. Postpartum care follow-up within 8 weeks of delivery provides evaluation of maternal physical and emotional well-being, options for birth spacing, and enhanced newborn care.

i) Please describe the first Secondary Driver for the above Core Activity (required).

> Promote access to early and comprehensive pre-natal evaluation, screening, & interventions.

A) Please list the first Change Idea for the above Secondary Driver (required).

> Create and implement standardized documentation tools to support behavioral health screenings.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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ii) Please describe the second Secondary Driver for the above Core Activity (optional).

Promote access for post-partum evaluation, screening and interventions within 8 weeks of delivery.

    A) Please list the first Change Idea for the above Secondary Driver (required).

Enhance provider and staff awareness of progress through regular communication of metric data, identification of gaps, and development and implementation of rapid cycle PDSAs.

    B) Please list the second Change Idea for the above Secondary Driver (optional).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

    A) Please list the first Change Idea for the above Secondary Driver (required).

    B) Please list the second Change Idea for the above Secondary Driver (optional).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

    A) Please list the first Change Idea for the above Secondary Driver (required).

    B) Please list the second Change Ideas for the above Secondary Driver (optional).

    C) Please list the third Change Ideas for the above Secondary Driver (optional).

    D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[   ]

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

[   ]

    A) Please list the first Change Idea for the above Secondary Driver (required).

[   ]

    B) Please list the second Change Idea for the above Secondary Driver (optional).

[   ]

    C) Please list the third Change Idea for the above Secondary Driver (optional).

[   ]

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[   ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[   ]

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

E1			

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

The implementation of evidence-based strategies to reduce low birth weight and preterm birth will have the following impact: Timeliness of Prenatal Care can help to reduce preterm birth by increasing early access to obstetric care during the first trimester, during which time patients at risk for preterm birth can be identified and appropriate interventions can be implemented. Behavioral Health Risk Assessment for Pregnant Women allows for assessment, identification, and early intervention by screening for tobacco and drug use among other things, both of which are associated with preterm birth and poor outcomes. Post-partum follow-up and care coordination improvement provides us the opportunity to impact future pregnancies by screening for behavioral health issues such as tobacco use and promote tobacco cessation prior to becoming pregnant again, as tobacco is linked to preterm birth. Contraceptive Care promotes birth spacing, which has been shown to reduce preterm birth.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

Core Activity #6

Do you want to edit or delete this Core Activity?   No

6) Please select the grouping for this Core Activity.

Maternal and Infant Health Care

a) Please select the name of this Core Activity.

> Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans)

b) Please enter a description of this Core Activity

> Develop and implement standard protocols for the reduction of leading causes of preventable death and complications for mothers and infants (such as Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans).

i) Please describe the first Secondary Driver for the above Core Activity (required).

> Promote provider and staff awareness of progress toward goals through regular communication of relevant process and outcome quality improvement data.

A) Please list the first Change Idea for the above Secondary Driver (required).

> Interdisciplinary collaboration at the Texas Childrens Hospital Pavilion for Women to improve and enhance existing processes.

B) Please list the second Change Idea for the above Secondary Driver (optional).

> Enhance data transparency through regular communication of continuous quality improvement progress.

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

> Implement evidence-based patient safety bundles such as but not limited to those supported by Alliance for Innovation on Maternal Health (AIM).

A) Please list the first Change Idea for the above Secondary Driver (required).

> Participation in collaboratives focused on reduction of maternal morbidity and mortality, such as but not limited to Texas Department of State Health Services (DSHS), Texas Collaborative for Healthy Mothers and Babies, March of Dimes Healthy Babies are Worth the Wait, Houston Endowment Reducing Maternal Mortality, and Alliance for Innovation on Maternal Health (AIM).

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

[ ]

    A) Please list the first Change Idea for the above Secondary Driver (required).

[ ]

    B) Please list the second Change Idea for the above Secondary Driver (optional).

[ ]

    C) Please list the third Change Idea for the above Secondary Driver (optional).

[ ]

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[ ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

[ ]

    A) Please list the first Change Idea for the above Secondary Driver (required).

[ ]

    B) Please list the second Change Ideas for the above Secondary Driver (optional).

[ ]

    C) Please list the third Change Ideas for the above Secondary Driver (optional).

[ ]

    D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

[ ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

[ ]

    A) Please list the first Change Idea for the above Secondary Driver (required).

[ ]

    B) Please list the second Change Idea for the above Secondary Driver (optional).

[ ]

    C) Please list the third Change Idea for the above Secondary Driver (optional).

[ ]

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[ ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

E2			

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

Implementing and reinforcing the utilization of evidence-based bundles, such as those endorsed by AIM, supports the reduction of maternal morbidity and mortality through decreasing the incidence of obstetric hemorrhage and primary cesarean deliveries. Antenatal steroid administration to mothers at risk for preterm birth has been associated with decreased incidence of potentially preventable pulmonary, cerebral, and gastrointestinal complications in the preterm newborn.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

Core Activity #7

Do you want to edit or delete this Core Activity?   Edit

Please explain the changes made to the Core Activity and why it was changed

Texas Children's Hospital is not changing the Core Activity related to Pediatric Hospital Patient Safety. We are adding a Secondary Driver related to Adverse Drug Event.

7) Please select the grouping for this Core Activity.

Other

i) Please enter the name of this "Other" grouping.

Evidence Based Interventions

a) Please select the name of this Core Activity.

Other

i) Please enter the name of this "Other" Core Activity.

Utilization of comprehensive evidence-based interventions to reduce potentially preventable events in high-risk populations

b) Please enter a description of this Core Activity

In alignment with the Solutions for Patient Safety national collaborative, Texas Childrens works through 12 hospital acquired conditions (HAC) teams to eliminate preventable harm. Each HAC team works to implement & measure a standardized harm prevention bundle. Bundles are developed by identifying best practices of top performing pediatric hospitals in the nation, achieving high reliability with the practice, and then testing their association with improved outcomes. In addition to the implementation of the prevention bundles, Texas Childrens overlays safety culture work including Error Prevention Methods, Leadership Methods, Cause Analysis, Patient and Family Engagement, and Employee/Staff Safety.Key Driver diagrams are set and followed for CLABSI, CAUTI,

Surgical Site Infections, Adverse Drug Events, and Pressure Injuries. Control Charts displaying both outcomes and bundles compliance rates are followed on a monthly basis to identify trends and take relevant actions. Examples of Safety culture work include Error Prevention Training for all new employees, faculty, and learners, reporting through to the board level, daily operational safety briefings, unit safety huddles, and regular senior leader walk rounds.

i) Please describe the first Secondary Driver for the above Core Activity (required).

Our PI HAC team will target PDSA cycles aimed at utilizing high reliability leadership methods to continue to reduce pressure injuries.

A) Please list the first Change Idea for the above Secondary Driver (required).

The PI HAC team will engage with our department of patient and family services to identify a best practice for using patient and family input to guide improvements to the four bundle elements (skin assessment, device rotation, patient positioning, appropriate bed surface, and moisture management).

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

Our team will continue work on reducing ADEs by targeting improvements related to administration of medications.

A) Please list the first Change Idea for the above Secondary Driver (required).

The ADE HAC team will use smart pump analysis to eliminate errors during pump programming. Staff will be required to scan the pump and the medication prompting the pump to automatically set.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

Our team will continue work on reducing ADEs by targeting the provision of outpatient (discharge) medications through our dedicated pediatric outpatient (retail) pharmacy.

A) Please list the first Change Idea for the above Secondary Driver (required).

The Hospital will use a Meds to Beds program to eliminate errors during outpatient prescription filling.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Ideas for the above Secondary Driver (optional).

C) Please list the third Change Ideas for the above Secondary Driver (optional).

D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please

select "None" in the first dropdown.

D3			

      i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

> The leadership alignment of HAC teams together with the focus on safety culture provides the necessary infrastructure and operational support to continue with effective PDSA cycles targeting each quality measure.

    d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

> No

Core Activity #8

Do you want to edit or delete this Core Activity?   No

    8) Please select the grouping for this Core Activity.

> Chronic Care Management

      a) Please select the name of this Core Activity.

> Utilization of evidence-based care management models for patients identified as having high-risk health care needs and/or individuals with complex needs (e.g., Primary care–integrated complex care management (CCM), Complex Patient Care Model Redesign- enhanced multidisciplinary care teams, The Transitional Care Model, etc.)

      b) Please enter a description of this Core Activity

> Our goal is to improve management of CP population as these children are at high risk for developing complications and frequently have co-morbidities, such as epilepsy, difficulty swallowing and risk for pulmonary infections as well as failure to thrive, constipation, pain and vision/hearing deficits. The majority of these children have weakness and hypertonia (spasticity) that interferes with mobility. They can have preventable complications that can occur such as hip dislocation. Joint deformities and scoliosis may require treatment to limit pain/loss of function and pulmonary compromise. Potentially preventable events would decrease with improved management of this patient population including decreased ER and hospital admissions. Parents and patients require ongoing education about treatment options and community resources including state and local supports. By coordinating care across the TCH system with multiple points of access appropriate prevention measures and treatment plans can be initiated. By providing multi-disciplinary care management to the cerebral palsy population by ensuring access to appropriate specialty care services to improve diagnostic accuracy and timely interventions, improve functional status and overall quality of life as well as improving parental/community education and decreasing parental stress and caregiving burden. This multi-disciplinary care management will reduce PPEs, decrease complications, and will assist in better assessing and treating co-morbidities. ED visits and admissions can be reduced as well with improved navigation/access/care coordination. Children

seen in existing clinics have timely surveillance studies to prompt interventions for various conditions such as hip subluxation and scoliosis. Health optimization/preparatory evaluations are emphasized before undergoing elective surgeries to decrease complications. An example is that patients undergoing baclofen pump implantation and scoliosis surgeries need adequate nutritional stores. Dysphagia and poor weight gain may prompt gastrostomy placement to ensure proper healing and avoidance of aspiration pneumonia in the perioperative period. There is a higher risk for infection and wound breakdown if the child is malnourished. For maximal success, certain surgeries also have best outcomes if performed in a certain window of time and in a certain order. For example, a child with severe spasticity should be considered for a tone reducing surgery such as

i) Please describe the first Secondary Driver for the above Core Activity (required).

Care coordination bringing together specialists in CP both medical and surgical to enhance care to this patient population. Include PT presence in CP and spasticity clinics.

A) Please list the first Change Idea for the above Secondary Driver (required).

Care coordinator RN (individual with clinical knowledge of population a must). Patients seen in CP clinic/spasticity clinic with only a physiatrist are set up for appropriate multi-disciplinary evaluations at the appropriate times and at the appropriate locations. The coordinator assists with guiding next steps after diagnostic testing and interventions are performed and prepares the family for specific aspects of that childs care with anticipatory guidance.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

Appropriate navigation to assist families in navigating a complex system where some appointments are scheduled on the same day in the same place versus needing to get tests/other visits accomplished outside the main clinics.

A) Please list the first Change Idea for the above Secondary Driver (required).

Appropriate Navigation RN (individual with clinical knowledge of population a must). Seeing the correct specialists to address the issues that the individual child with CP has. This will vary by patient and severity of involvement. Some children will already have an established diagnosis of CP and can be assessed initially by a physiatrist for management and treatment options. At a very young age surgeries would usually not be indicated but surveillance and optimizing health and community participation would be emphasized. As the children age, their surgical needs increase. The likelihood of pain and musculoskeletal deformities increases with time.

B) Please list the second Change Idea for the above Secondary Driver (optional).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

    A) Please list the first Change Idea for the above Secondary Driver (required).

    B) Please list the second Change Idea for the above Secondary Driver (optional).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

    A) Please list the first Change Idea for the above Secondary Driver (required).

    B) Please list the second Change Ideas for the above Secondary Driver (optional).

    C) Please list the third Change Ideas for the above Secondary Driver (optional).

    D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

    A) Please list the first Change Idea for the above Secondary Driver (required).

    B) Please list the second Change Idea for the above Secondary Driver (optional).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

I1			

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

Our core activity will ensure access to specialty care services to improve functional status, overall quality of life, and to match patients with cerebral palsy with appropriate care providers at the appropriate time.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

Yes

i) Please explain.

Texas Children's Hospital (TCH) Department of Physical Medicine and Rehabilitation cared for 2,522 patients with cerebral palsy (CP) in 2017. TCH works closely with the Baylor College of Medicine Center for Transition Medicine to transition patients from the pediatric to adult setting which is especially imporatant in this high risk population to reduce urgent and emergency care and improve management of comorbidities. Key to outcome success for chronic care children is coordinated access and appropriate transition form the pediatric to adult care setting.

New Core Activities

Please enter your organization's number of new Core Activities to add: 0

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	**$3,054,968.11**	**$2,606,044.45**
D1-108	$549,051.63	$468,369.20
D1-211	$549,051.63	$468,369.20
D1-212	$549,051.63	$468,369.20
D1-271	$549,051.63	$468,369.20
D1-284	$549,051.63	$468,369.20
D1-301	$549,051.63	$468,369.20
D1-389	$549,051.63	$468,369.20
D1-400	$549,051.63	$468,369.20
D1-503	$125,497.54	$107,055.80
D1 Total	**$4,517,910.58**	**$3,854,009.40**
D3-330	$645,415.80	$550,572.77
D3-331	$645,415.80	$550,572.77
D3-333	$645,415.80	$550,572.77
D3-334	$645,415.80	$550,572.77
D3-335	$645,415.79	$550,572.78
D3 Total	**$3,227,078.99**	**$2,752,863.86**
D4-139	$968,123.70	$825,859.16
D4-353	$968,123.70	$825,859.16
D4-375	$968,123.69	$825,859.15
D4 Total	**$2,904,371.09**	**$2,477,577.47**
D5-211	$1,290,831.60	$1,101,145.55
D5-406	$1,290,831.59	$1,101,145.54
D5 Total	**$2,581,663.19**	**$2,202,291.09**
E1-232	$1,075,693.00	$917,621.29
E1-235	$1,075,693.00	$917,621.29
E1-300	$1,075,692.99	$917,621.28
E1 Total	**$3,227,078.99**	**$2,752,863.86**
E2-150	$968,123.70	$825,859.16
E2-151	$968,123.70	$825,859.16
E2-601	$968,123.70	$825,859.16
E2-602	$968,123.69	$825,859.15
E2 Total	**$3,872,494.79**	**$3,303,436.63**
G1-276	$322,707.90	$275,286.39
G1-277	$322,707.90	$275,286.39
G1-278	$322,707.90	$275,286.39
G1-361	$322,707.90	$275,286.39
G1-362	$322,707.90	$275,286.39
G1-363	$322,707.89	$275,286.36
G1 Total	**$1,936,247.39**	**$1,651,718.31**
I1-385	$322,707.90	$275,286.38
I1-386	$322,707.90	$275,286.38
I1 Total	**$645,415.80**	**$550,572.76**
Category C Total:	**$22,912,260.82**	**$19,545,333.38**
Potentially preventable admissions (PPAs)	$916,490.43	$781,813.34
Potentially preventable 30-day readmissions	$916,490.43	$781,813.34
Potentially preventable complications (PPCs)	$916,490.43	$781,813.34
Potentially preventable ED visits (PPVs)	$916,490.43	$781,813.34
Patient satisfaction	$916,490.44	$781,813.32
Category D Total:	**$4,582,452.16**	**$3,909,066.68**
DSRIP Total	**$30,549,681.09**	**$26,060,444.51**

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: $22,912,260.82						DY10 Category C Valuation: $19,545,333.38					
		DY9 Measure Total	DY9 Milestone IDs					DY10 Measure Total	DY10 Milestone IDs				
			RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3	RM-5	AM-10.1	AM-10.2	AM-10.3	IM-4

ID	Description												
D1-108	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$423,554.11	$0.00	$0.00	$0.00	$468,369.20	$107,055.82	$361,313.38	$0.00	$0.00	$0.00
D1-211	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$141,184.70	$141,184.70	$141,184.71	$0.00	$468,369.20	$107,055.82	$120,437.79	$120,437.79	$120,437.80	$0.00
D1-212	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$423,554.11	$0.00	$0.00	$0.00	$468,369.20	$107,055.82	$361,313.38	$0.00	$0.00	$0.00
D1-271	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$423,554.11	$0.00	$0.00	$0.00	$468,369.20	$107,055.82	$361,313.38	$0.00	$0.00	$0.00
D1-284	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$423,554.11	$0.00	$0.00	$0.00	$468,369.20	$107,055.82	$361,313.38	$0.00	$0.00	$0.00
D1-301	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$423,554.11	$0.00	$0.00	$0.00	$468,369.20	$107,055.82	$361,313.38	$0.00	$0.00	$0.00
D1-389	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$423,554.11	$0.00	$0.00	$0.00	$468,369.20	$107,055.82	$361,313.38	$0.00	$0.00	$0.00
D1-400	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$549,051.63	$0.00	$125,497.52	$423,554.11	$0.00	$0.00	$0.00	$468,369.20	$107,055.82	$361,313.38	$0.00	$0.00	$0.00
D1-503	HHSC has approved as Standard P4R (All Payer, Medicaid, LIU)	$125,497.54	$0.00	$125,497.52	$0.00	$0.00	$0.00	$0.00	$107,055.80	$107,055.82	$0.00	$0.00	$0.00	$0.00
D3-330	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$645,415.80	$0.00	$161,353.95	$484,061.85	$0.00	$0.00	$0.00	$550,572.77	$137,643.19	$412,929.58	$0.00	$0.00	$0.00
D3-331	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$645,415.80	$0.00	$161,353.95	$484,061.85	$0.00	$0.00	$0.00	$550,572.77	$137,643.19	$412,929.58	$0.00	$0.00	$0.00
D3-333	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$645,415.80	$0.00	$161,353.95	$484,061.85	$0.00	$0.00	$0.00	$550,572.77	$137,643.19	$412,929.58	$0.00	$0.00	$0.00
D3-334	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$645,415.80	$0.00	$161,353.95	$242,030.93	$242,030.92	$0.00	$0.00	$550,572.77	$137,643.19	$206,464.79	$206,464.79	$0.00	$0.00
D3-335	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$645,415.79	$0.00	$161,353.95	$242,030.93	$242,030.91	$0.00	$0.00	$550,572.78	$137,643.19	$206,464.79	$206,464.80	$0.00	$0.00
D4-139	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$968,123.70	$0.00	$242,030.92	$726,092.78	$0.00	$0.00	$0.00	$825,859.16	$206,464.79	$619,394.37	$0.00	$0.00	$0.00
D4-353	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$968,123.70	$0.00	$242,030.92	$726,092.78	$0.00	$0.00	$0.00	$825,859.16	$206,464.79	$619,394.37	$0.00	$0.00	$0.00
D4-375	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$968,123.69	$0.00	$242,030.92	$726,092.77	$0.00	$0.00	$0.00	$825,859.15	$206,464.79	$619,394.36	$0.00	$0.00	$0.00
D5-211	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,290,831.60	$0.00	$322,707.90	$322,707.90	$322,707.90	$322,707.90	$0.00	$1,101,145.55	$275,286.39	$275,286.39	$275,286.39	$275,286.38	$0.00
D5-406	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,290,831.59	$0.00	$322,707.90	$968,123.69	$0.00	$0.00	$0.00	$1,101,145.54	$275,286.39	$825,859.15	$0.00	$0.00	$0.00
E1-232	HHSC has approved as Standard P4P (A: Medicaid; R: Medicaid)	$1,075,693.00	$0.00	$268,923.25	$806,769.75	$0.00	$0.00	$0.00	$917,621.29	$229,405.32	$688,215.97	$0.00	$0.00	$0.00
E1-235	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,075,693.00	$0.00	$268,923.25	$806,769.75	$0.00	$0.00	$0.00	$917,621.29	$229,405.32	$688,215.97	$0.00	$0.00	$0.00
E1-300	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,075,692.99	$0.00	$268,923.25	$806,769.74	$0.00	$0.00	$0.00	$917,621.28	$229,405.32	$688,215.96	$0.00	$0.00	$0.00
E2-150	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$968,123.70	$0.00	$242,030.92	$726,092.78	$0.00	$0.00	$0.00	$825,859.16	$206,464.79	$619,394.37	$0.00	$0.00	$0.00

ID	Description												
E2-151	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$968,123.70	$0.00	$242,030.92	$726,092.78	$0.00	$0.00	$0.00	$825,859.16	$206,464.79	$619,394.37	$0.00	$0.00	$0.00
E2-601	MLIU denominator with significant volume	$968,123.70	$121,015.46	$121,015.46	$726,092.78	$0.00	$0.00	$0.00	$825,859.16	$206,464.79	$619,394.37	$0.00	$0.00	$0.00
E2-602	MLIU denominator with significant volume	$968,123.69	$121,015.46	$121,015.46	$726,092.77	$0.00	$0.00	$0.00	$825,859.15	$206,464.79	$619,394.36	$0.00	$0.00	$0.00
G1-276	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.90	$0.00	$80,676.97	$242,030.93	$0.00	$0.00	$0.00	$275,286.39	$68,821.60	$206,464.79	$0.00	$0.00	$0.00
G1-277	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.90	$0.00	$80,676.97	$242,030.93	$0.00	$0.00	$0.00	$275,286.39	$68,821.60	$206,464.79	$0.00	$0.00	$0.00
G1-278	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.90	$0.00	$80,676.97	$242,030.93	$0.00	$0.00	$0.00	$275,286.39	$68,821.60	$206,464.79	$0.00	$0.00	$0.00
G1-361	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.90	$0.00	$80,676.97	$242,030.93	$0.00	$0.00	$0.00	$275,286.39	$68,821.60	$206,464.79	$0.00	$0.00	$0.00
G1-362	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.90	$0.00	$80,676.97	$242,030.93	$0.00	$0.00	$0.00	$275,286.39	$68,821.60	$206,464.79	$0.00	$0.00	$0.00
G1-363	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.89	$0.00	$80,676.97	$242,030.92	$0.00	$0.00	$0.00	$275,286.36	$68,821.60	$206,464.76	$0.00	$0.00	$0.00
I1-385	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.90	$0.00	$80,676.98	$242,030.92	$0.00	$0.00	$0.00	$275,286.38	$68,821.60	$206,464.78	$0.00	$0.00	$0.00
I1-386	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$322,707.90	$0.00	$80,676.98	$242,030.92	$0.00	$0.00	$0.00	$275,286.38	$68,821.60	$206,464.78	$0.00	$0.00	$0.00

Progress Tracker

Section 1: IGT Entities	Complete
Section 2: IGT Funding	Complete
Section 3: Certification	Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell F21, F29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Harris County Hospital District	133355104	17415369366324	600-12-0000-00024

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Granger	2525 Holly Hall Drive	Houston	77054	Jessica.Granger@harrishealth.org	713-566-6047		Both
2	Michael Norby	2525 Holly Hall Drive	Houston	77054	michael.norby@harrishealth.org	713-566-6790		Both
3	Victoria Nikitin	2525 Holly Hall Drive	Houston	77054	Victoria.Nikitin@harrishealth.org	713-566-6939		Both

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Texas Higher Education Board	082006001	17460167665004	600-12-0000-00237

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Katie Barrett	One Baylor Plaza MS BCM191A	Houston	77030	kbarrett@bcm.edu	832-771-5416		Both
2	Katie McAfee	One Baylor Plaza MS BCM191A	Houston	77030	catherine.McAfee@bcm.edu	713-798-2557		Both
3	Robert Corrigan	One Baylor Plaza MS BCM106A	Houston	77030	corrigan@bcm.edu	(713) 798-6392		Both

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1								
2								
3								

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the DSRIP IGT Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP IGT Distribution List, and will be given access to the DSRIP Online Reporting System.

Section 2: IGT Funding

Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Total Estimated DY9 Allocation (FMAP 60.89/IGT 39.11)	Total Estimated DY10 Allocation (FMAP 60.89/IGT 39.11)
Category B	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$347,686.23	$296,594.18
Category B	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$847,111.80	$722,629.80
D1-108	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-108	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-211	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-211	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-212	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-212	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-271	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-271	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-284	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-284	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-301	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-301	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-389	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-389	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-400	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$62,487.62	$53,305.15
D1-400	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$152,246.47	$129,874.05
D1-503	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$14,282.89	$12,184.03
D1-503	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$34,799.20	$29,685.49
D3-330	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$73,454.84	$62,660.74
D3-330	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$178,967.28	$152,668.27
D3-331	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$73,454.84	$62,660.74
D3-331	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$178,967.28	$152,668.27
D3-333	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$73,454.84	$62,660.74
D3-333	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$178,967.28	$152,668.27
D3-334	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$73,454.84	$62,660.74
D3-334	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$178,967.28	$152,668.27
D3-335	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$73,454.84	$62,660.74
D3-335	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$178,967.28	$152,668.27
D4-139	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$110,182.26	$93,991.11
D4-139	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$268,450.92	$229,002.40
D4-353	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$110,182.26	$93,991.11
D4-353	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$268,450.92	$229,002.40
D4-375	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$110,182.25	$93,991.11
D4-375	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$268,450.92	$229,002.40
D5-211	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$146,909.67	$125,321.49
D5-211	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$357,934.57	$305,336.54
D5-406	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$146,909.67	$125,321.48
D5-406	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$357,934.56	$305,336.54
E1-232	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$122,424.73	$104,434.57
E1-232	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$298,278.80	$254,447.12
E1-235	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$122,424.73	$104,434.57
E1-235	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$298,278.80	$254,447.12
E1-300	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$122,424.73	$104,434.57
E1-300	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$298,278.80	$254,447.11
E2-150	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$110,182.26	$93,991.11
E2-150	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$268,450.92	$229,002.40
E2-151	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$110,182.26	$93,991.11
E2-151	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$268,450.92	$229,002.40
E2-601	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$110,182.26	$93,991.11
E2-601	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$268,450.92	$229,002.40
E2-602	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$110,182.25	$93,991.11
E2-602	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$268,450.92	$229,002.40
G1-276	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
G1-276	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.14
G1-277	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
G1-277	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.14
G1-278	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
G1-278	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.14
G1-361	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
G1-361	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.14
G1-362	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
G1-362	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.14
G1-363	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
G1-363	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.13
I1-385	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
I1-385	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.13
I1-386	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$36,727.42	$31,330.37
I1-386	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$89,483.64	$76,334.13
Category D	Harris County Hospital District	17415369366324	600-12-0000-00024	29.10%	29.10%	$521,529.34	$444,891.27
Category D	Texas Higher Education Board	17460167665004	600-12-0000-00237	70.90%	70.90%	$1,270,667.70	$1,083,944.71
Total						$11,947,980.27	$10,192,239.85

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been reviewed and updated as needed? — Yes

Section 3: Certification

By my signature below, I certify the following facts:
• I am legally authorized to sign this document on behalf of my organization;
• I have read and understand this document:

Name:	Michael Norby
IGT Organization:	Harris County Hospital District

Date: 11/11/2019

By my signature below, I certify the following facts:
• I am legally authorized to sign this document on behalf of my organization;
• I have read and understand this document:

Name:	Robert Corrigan
IGT Organization:	Texas Higher Education Board
Date:	11/14/2019

DY9-10 Provider RHP Plan Update Template -Summary and Certification

Progress Tracker

Section 1: DY9-10 DSRIP Valuation **Complete**

Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP) **Complete**

Section 3: Category C Measure Bundles/Measures Selection and Valuation **Complete**

Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures **Complete**

Section 5: Category D **Complete**

Section 6: Certification **Complete**

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	$0.00	$0.00
Category B	$3,054,968.11	$2,606,044.45
Category C	$22,912,260.82	$19,545,333.38
Category D	$4,582,452.16	$3,909,066.68
Total	$30,549,681.09	$26,060,444.51

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)

Did provider request a modification to the System Definition for DY9-10? | No

	Forecasted Medicaid	Forecasted LIU	MLIU PPP	Total PPP	MLIU Percentage of Total PPP	Allowable Variation %
DY9 Estimated	185,664	18,662	204,326	541,306	37.75%	1.00%
DY10 Estimated	185,664	18,662	204,326	541,306	37.75%	1.00%

Did provider request a modification to MLIU PPP for DY9-10? | No

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 3: Category C Measure Bundles/Measures Selection and Valuation

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	DY9 Valuation	DY10 Valuation
D1	Pediatric Primary Care	0	0	0	14	$4,517,910.58	$3,854,009.40
D3	Pediatric Hospital Safety	0	0	0	10	$3,227,078.99	$2,752,863.86
D4	Pediatric Chronic Disease Management: Asthma	0	0	0	9	$2,904,371.09	$2,477,577.47
D5	Pediatric Chronic Disease Management: Diabetes	0	0	0	8	$2,581,663.19	$2,202,291.09
E1	Improved Maternal Care	0	0	0	10	$3,227,078.99	$2,752,863.86
E2	Maternal Safety	0	0	0	12	$3,872,494.79	$3,303,436.63
G1	Palliative Care	0	0	0	6	$1,936,247.39	$1,651,718.31
I1	Specialty Care	0	0	0	2	$645,415.80	$550,572.76
Total	N/A	0	0	0	71	$22,912,260.82	$19,545,333.38

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
D1	Pediatric Primary Care	Provision of vaccinations to target population
D3	Pediatric Hospital Safety	Other - Utilization of comprehensive evidence-based interventions to reduce potentially preventable events in high-risk populations
D4	Pediatric Chronic Disease Management: Asthma	Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services
D5	Pediatric Chronic Disease Management: Diabetes	Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services
E1	Improved Maternal Care	Implementation of evidence-based strategies to reduce low birth weight and preterm birth (Evidence-based strategies include Nurse Family Partnership, Centering Pregnancy, IMPLICIT: Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques among others)
E2	Maternal Safety	Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans)
G1	Palliative Care	Provision of coordinated palliative care to address patients with end-of-life decisions and care needs.
I1	Specialty Care	Utilization of evidence-based care management models for patients identified as having high-risk health care needs and/or individuals with complex needs (e.g., Primary care–integrated complex care management (CCM), Complex Patient Care Model Redesign- enhanced multidisciplinary care teams, The Transitional Care Model, etc.)

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 5: Category D

Statewide Reporting for Hospitals

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Potentially preventable admissions (PPAs)	$916,490.43	$781,813.34
Potentially preventable 30-day readmissions (PPRs)	$916,490.43	$781,813.34
Potentially preventable complications (PPCs)	$916,490.43	$781,813.34
Potentially preventable ED visits (PDVs)	$916,490.43	$781,813.34
Patient satisfaction	$916,490.43	$781,813.34

Please indicate below that you understand that Category D reporting requires qualitative reporting and data will be provided by HHSC as indicated in the Measure Bundle Protocol.

Yes

Section 6: Certification

By my signature below, I certify the following facts:

• I am legally authorized to sign this document on behalf of my organization;

• I have read and understand this document:

• The statements on this form regarding my organization are true, correct, and complete to the best of my knowledge and belief.

Name:	Getrude Leidich (VP Quality)
Performing Provider:	Texas Children's Hospital
Date:	10/30/2019

PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: Template is COMPLETE!

Please confirm that the Provider RHP Plan Update template progress shows complete above. If it shows that the template is not ready for submission, please complete any missing steps and correct any outstanding issues before submitting to HHS.

Provider Entry

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)	Complete

Category B

Section 1: System Definition	Complete
Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete

Category C Selection

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete
Section 3: Measure Exemption Requests	Complete
Minimum Selection Requirements Met	Yes
MPT Met	Yes

Category C Related Strategies

Section 1: Related Strategies	Complete

Category A Core Activities

Section 1: Core Activities	Complete

All Selected Measure Bundles/Measures Associated with at Least One Core Activity   **Complete**

IGT Entry

Section 1: IGT Entities   **Complete**
Section 2: IGT Funding   **Complete**
Section 3: Certification   **Complete**

Summary and Certification

Section 1: DY9-10 DSRIP Valuation   **Complete**
Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)   **Complete**
Section 3: Category C Measure Bundles/Measures Selection and Valuation   **Complete**
Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures   **Complete**
Section 5: Category D   **Complete**
Section 6: Certification   **Complete**