



# Texas DSRIP Outcomes

Companion to the Final Evaluation Report of the 1115(a) Texas Demonstration Waiver - Healthcare Transformation and Quality Improvement

Texas' DSRIP projects have resulted in increased access to primary and preventive care, emergency department (ED) diversion, and enhanced attention to individuals with behavioral health needs. DSRIP projects have provided over 14 million encounters and served over 8 million additional individuals (cumulative totals of demonstration year 3, 4, and 5 reporting) compared to the service levels they provided prior to implementing the projects.

Part of DSRIP required reporting for each project includes reporting on quality outcome measures. Each DSRIP project must report on at least one associated quality outcome, referred to as Category 3 reporting under the waiver. Each selected Category 3 outcome -- there were 2,111 total active outcome selections for 1,451 projects as of Demonstration Year (DY) 5 -- is related to a DSRIP project, but generally these outcomes measure improvement at a level broader than the DSRIP project intervention. Providers can earn partial payment for achieving at least 25% of the goal for a given performance year. For Demonstration Year (DY) 5, there was \$805 million available in Category 3 for reporting achievement on pay-for-performance outcomes.

Providers selected their own outcomes from the DSRIP menu. Goals are set based on improvement over baseline according to measure specifications through a standard methodology. Outcomes domains include primary care, behavioral health, ED utilization, hospital readmissions, hospital infection rates, patient satisfaction, public health, quality of life measures, and others. A majority of the outcomes are measured at a facility or system level.

Most commonly selected outcomes:

- Diabetes: HbA1c control >9%
- Controlling high blood pressure
- ED visits for Ambulatory Care Sensitive Conditions
- Risk Adjusted Congestive Heart Failure Readmission Rate

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Baselines for Category 3 outcomes were reported in Demonstration Year (DY) 3, and most reflect six or twelve months of data set between the beginning of 2012 and the end of DY3 (September 30, 2014). The 12-month periods used for reporting for achievement of outcomes are referred to as Performance Years. Most projects will report achievement for two Performance Years for the current waiver, and will continue to report on these outcomes during DY6 (the 15-month extension period). We are still in the early stages of gathering DSRIP projects' outcome information, and most data is preliminary and project specific, but we have some early data related to overall achievement of outcomes reported so far.

For DSRIP outcomes, we measure the success rate as the percent of Pay-for-Performance (P4P) outcomes that earned payment for reporting at least 25% achievement of their goal, out of all P4P outcomes that were reported. Overall, hospitals participating in DSRIP reported a success rate of 79% for Performance Year 1 reporting. Academic Health Science Centers (which include some affiliated physician practices) had a success rate of 76% for Performance Year 1.

Success rates for Performance Year 1 reporting across all DSRIP provider types (hospitals, academic health science centers, community mental health centers and local health departments) for selected ED-related outcomes include:

- ED Visits for Ambulatory Care Sensitive Conditions (ACSC) 66%
- ED Visits per 100,000 63%
- ED Visits for Behavioral Health/Substance Abuse 72%
- ED Visits for Diabetes 93%
- Pediatric ED Visits for ACSC 100%

Eighty-one percent of outcomes that reported for achievement received payment for improving over their prior year of reporting as of the first reporting period for DY5. The majority of these outcomes are pay-for-performance (P4P) and most are measured at an all-payer facility or system level. Some examples include:

- Diabetes Care: 107 projects are reporting on Diabetes HbA1c Poor Control (>9.0%). Eighty-four P4P outcomes reported a baseline and at least one year of performance. Seventy-four percent reported improvement over their prior year, with a median improvement in rates of HbA1c control of 17 percent.
- ED Visits for Diabetes: Twenty-three projects are reporting on ED Visits for Diabetes. Ninety-three percent of those who reported a year

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of performance reported improvement over their prior year, with a median reduction in ED visits related to diabetes of 16 percent.

- Cancer Screening: Forty-six projects are reporting on one or more outcomes related to increasing rates of screening for breast cancer, cervical cancer, or colorectal cancer. Sixty-nine percent of those who have reported showed improvement over their prior year, with a median improvement in rates of cancer screening of 24 percent.
- Hospital Readmissions: Fifty-six projects are reporting on risk-adjusted all-cause readmission. Seventy-five percent of those who reported performance in DY4 received incentive payments for improving over their baseline, with a median reduction in readmissions of 10 percent. Eighty-eight percent of those reporting two years of performance reported improvement in their second year of performance, with a median reduction in readmissions of 15 percent.
- Behavioral Health: Thirty projects are reporting on 7-Day and 30-Day Follow-Up After Hospitalization for mental illness. One hundred percent of those reporting at least one year of performance received incentive payments for improving over their baseline, with a median improvement in 7-day follow up rates of 12 percent.
- Palliative Care: Twenty projects are reporting on one or more outcomes related to palliative care processes. Ninety-eight percent of those reporting at least one year of performance reported improvement over their baseline, with a median improvement of 33 percent.

HHSC staff presented on Category 3 progress and successes by outcome and project area during a session at the 2016 Statewide Learning Collaborative for DSRIP providers. That presentation can be found on the HHS website here: [hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-waiver/slc-presentation/Triple-Aim-State-Data-Gaughen.pdf](https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-waiver/slc-presentation/Triple-Aim-State-Data-Gaughen.pdf).

Also on the HHS website, HHSC publishes all Category 3 outcomes reported by each project for all Regional Healthcare Partnerships (RHPs): [hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-waiver/rhp-summary-info/cat3-rhp-summary.xlsx](https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-waiver/rhp-summary-info/cat3-rhp-summary.xlsx). The current file was updated after the second reporting period for DY5 in October 2016.

In the broader sense, data from our External Quality Review Organization, the Institute for Child Health Policy (ICHP) at the University of Florida, shows

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that there has been a reduction in Potentially Preventable Admissions expenditures for the Texas Medicaid/CHIP population, which decreased from a total of \$6,966 per 1,000 member months in calendar year 2013 to \$5,831 in calendar year 2015. This represents a decrease in PPA expenditures of 16% per member month over two years. While not directly attributable to DSRIP, many DSRIP projects have focused on this area. ICHP has urged HHSC to use caution in interpreting the state level data. For example, the sample sizes are very large so even if something is statistically significant, the issue of practical significance can be raised. In other words, is the difference observed practically meaningful, which can be challenging to answer.