



Delivery System Reform Incentive Payment and Regional Healthcare Partnership Planning Protocol

Maureen Milligan

July 11, 2012

Category I: Infrastructure Development

Lays the foundation for the delivery system through investments in people, places, processes and technology. Pay for performance.

Category II: Program Innovation & Redesign

Pilots, tests, and replicates innovative care models. Pay for performance.

Category III: Quality Improvements

Disseminates up to four interventions in which major improvements can be achieved within four years. Pay for reporting, then performance.

Category IV: Population-based Improvements

Requires all regional health partnerships (RHPs) to report on the same measures. Pay for reporting.

DSRIP Development Process

- Four Delivery System Reform Incentive Payment (DSRIP) categories based on California's Medicaid 1115 Waiver with modifications for Texas priorities.
- **October 2011** – HHSC surveyed large urban hospitals in Texas to identify potential DSRIP projects.
- **November 2011** – HHSC hosted an RHP Planning Summit focusing on DSRIP development with representatives from hospitals, associations and leadership offices.
- **February 2012** – Clinical Champions created to provide clinical input into DSRIP project selection.
- **June 2012** –
 - Incorporation of Texas menu into California protocol template for Categories 1 and 2, to expedite the Center for Medicare & Medicaid Services (CMS) approval.
 - Inclusion of potentially preventable complications (PPCs), potentially preventable readmissions (PPRs), and potentially preventable admissions (PPAs) in Categories 3 and 4 to leverage current quality improvement and reporting and reflect waiver impact.

Clinical Champions Workgroup

- Formed in February 2012 to provide feedback on domains and project areas to create a draft menu for public input.
- Clinical Champion Workgroup (CCW) members were nominated by the Executive Waiver Committee and approved by the Executive Commissioner.
- Texas Medical Foundation (TMF) Health Quality Institute was contracted to develop DSRIP Menu and facilitate Clinical Champions meetings under HHSC direction.
- Clinical Champions members were divided into subgroups with each subgroup focused on one of four DSRIP categories.

HHSC, TMF, and the Clinical Champions created the draft DSRIP menu with the following considerations:

- Create project area standardization and allow flexibility in achieving goals.
- Set achievable standards that enable system transformation.
- Ensure selected projects are reasonable and measure intended innovative program changes.
- Consider data availability and existing reporting and data collection systems.

DSRIP Stakeholder Input

- Solicited public comment via email from April 10 - 24, 2012, on the draft DSRIP menu.
- The method established for the clinical review of the menu was predicated upon the following criteria:
 - Reasonability. Is it a reasonable project?
 - Does the measure(s) capture the essence of project?
 - Is data available?
- HHSC and TMF reviewed and integrated submitted comments and recommended revisions to the menu.
- HHSC and TMF challenged to balance breadth of recommendations with manageable structure.
 - HHSC addressed by including fewer, broad, and locally adaptable domains.

RHP Planning Protocol Domains



Category 1 Project Areas

1. Expand Primary Care Capacity

- Enhance service capacity (hours, clinic locations, urgent care, mobile clinics, referral networks) to appropriate levels of care and to meet population needs.

2. Increase Training of Primary Care Workforce

- Develop workforce enhancement initiative(s) to support access to providers in underserved markets and areas (e.g., physicians, nurse practitioners, physician assistants, etc.).

3. Implement and Utilize Disease Management Registry Functionality

- Create, expand or integrate longitudinal databases of healthcare utilization and services for patients with common chronic diseases, cancer, behavioral health diagnosis, substance abuse.

4. Enhance Interpretation Services and Culturally Competent Care

- Develop and implement cultural competency training for health care providers and workers.
- Assess health literacy in patients using evidence based tool.

5. Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities

6. Enhance Urgent Medical Advice

- Develop a process (including a call center) that triages patients seeking primary care services in a timely manner to an alternate primary care site.

Category 1 Project Areas

7. Introduce, Expand or Enhance Telemedicine/Telehealth

- Establish, expand or enhance a telemedicine program/network to provide additional medical services based on population need (including behavioral health).
- Establish a telehealth program/network to provide additional health care services (i.e., home health, self-care, and translation services) based upon population need.
- Use telehealth to deliver specialty, psychosocial, and community-based nursing services to promote independence at home.

8. Enhance Coding and Documentation for Quality Data

- Determine systems that should be converted or upgraded.
- Implement.
- Use accurate coding to identify high users or high-risk patients and then develop and implement clinical pathways to more effectively deliver needed care.

9. Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

- Develop care management function that integrates the primary and behavioral health needs of individuals.

10. Enhance Performance Improvement and Reporting Capacity

- Generate data reports to prioritize RHP decisions for quality improvement initiatives.

11. Expand Behavioral Health Services

- Provide early intervention or intensive wraparound services and supports for a targeted behavioral health population including co-occurring disorders to reduce unnecessary use of more expensive services in a specified setting (criminal justice, emergency department (ED), urgent care).
- Enhance service availability (i.e., hours, clinic locations, transportation, and mobile clinics) to appropriate levels of care.
- Collaborate with community partners to develop a long-term Crisis Intervention/Stabilization unit.
- Develop workforce enhancement initiative(s) to support access to providers in underserved markets and areas (i.e., physicians, psychiatrists, psychologists, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT)).

12. Expand Dental Services

- Expand Dental Access: Develop regional strategy to reduce barriers to dental services and enhance screening and referral rates.
- Develop workforce enhancement initiative(s) to support access to providers in underserved markets and areas (i.e., dentists, dental hygienists).

13. Expand or Enhance Emergency Medical Transportation Services

- Increase capacity for emergency medical transportation in areas with documented insufficient services that now result in suboptimal health outcomes.
- Reduce the transfer time from intake ED to location of appropriate level of care by ambulance. Reduce and eliminate the number of transfers by private vehicle from ED to ED.
- Develop regional transfer center for coordination of inter-hospital transfers.

Category 2 Project Areas

1. Expand or Enhance Medical Homes

- Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/community.
- Implement pediatric to adult medical home transition program.

2. Expand Chronic Care Management Models

- Implement an evidence-based care coordination model that maintains quality standards in a target population.
- Implement programs that link/refer patients with multiple hospitalizations in one year to home/non-hospital resources that will reduce demand for inpatient care.

3. Redesign Primary Care

- Implement patient-centered scheduling model; implement patient visit redesign; achieve improvements in efficiency, access, continuity of care, and patient experience.

4. Redesign to Improve Patient Experience

- Survey patients using HCAHPS or CAHPS

5. Redesign for Cost Containment

- Implement cost accounting systems to measure intervention/innovation impacts and estimates.
 - Establish method to measure cost containment, establish baseline for cost, implement and measure cost containment.
 - Develop an integrated accountable care model with outcome-based payments.
-

Category 2 Project Areas

6. Establish/Expand a Patient Care Navigation Program

- Connect patients to medical homes, to primary and specialty care and to chronic care management. Develop navigation for populations most at risk (high ED utilizers, can include coordination with community resources.)

7. Apply Process Improvement Methodology to Improve Quality/Efficiency

- Implement continuous performance improvement to improve efficiencies, improve quality, experience, and eliminate waste and redundancies.

8. Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

- Develop and implement ED triage protocol.
- Establish ED care teams to improve patient flow.
- Develop processes and systems to accurately measure ED throughput cycle times; and then reduce ED wait times, overall ED cycle time for admitted patients, number of patients leaving without being seen, and patient satisfaction.

9. Use Palliative Care Programs

- Create a sustainable supportive care program to improve the quality of life of patients living with chronic or terminal conditions and to further engage care providers in the clinical benefits of supportive care.

10. Conduct Medication Management

- Implement post-discharge support for medication management for target population admitted to a hospital.

11. Implement/Expand Care Transitions Programs

- Create smooth transitions of care from inpatient to outpatient settings so patients understand care regimen, have follow-up scheduled and are at reduced risk for potentially preventable readmissions.

12. Implement Evidence-based Health Promotion and Disease Prevention Programs

- Establish self-management programs and wellness using evidence-based designs.
- Engage in evidence-based population-based campaigns or programs to promote healthy lifestyles.
- Implement evidence-based strategies to increase screenings and referral for targeted populations (mammography screens, colonoscopies, prenatal alcohol use, etc).

Category 3 Project Areas

- 1. Severe Sepsis Resuscitation and Management**
- 2. Potentially Preventable Admissions**
 - a) Congestive heart failure admission rate
 - b) Diabetes, short-term complications, admission rate
 - c) Diabetes, uncontrolled diabetes, admission rate
 - d) Behavioral health potentially preventable admissions
 - e) Chronic obstructive pulmonary disease or asthma in adults admission
 - f) Hypertension admission rate
 - g) Diagnosis and management of asthma
 - h) Bacterial pneumonia immunization
 - i) Influenza Immunization
- 3. Potentially Preventable Readmissions**
 - a) All cause readmission rate
 - b) Congestive heart failure readmission rate
 - c) Diabetes readmission rate
 - d) Behavioral health readmission
 - e) COPD readmission
 - f) Stroke readmission

4. Potentially Preventable Complications

5. Perinatal Outcomes

- a) Birth trauma rates
- b) Elective pre-39-week delivery
- c) Antenatal corticosteroid administration

6. Diabetes Composite Measure

- a) Hemoglobin A1c (National Quality Forum (NQF) 0575)
- b) Blood Pressure (NQF 0061)
- c) Low-Density Lipoprotein Cholesterol (NQF 0064)
- d) Retinal or dilated eye exam (NQF 0055)
- e) Foot exam (NQF 0056)
- f) Nephropathy screening (NQF 0062).

Category 4 Project Areas

1. Potentially Preventable Admissions

- a) Congestive heart failure admission rate
- b) Diabetes, short-term complications, admission rate
- c) Diabetes, uncontrolled diabetes, admission rate
- d) Behavioral health potentially preventable admissions (when available as secondary diagnosis)
- e) Chronic obstructive pulmonary disease or asthma in adults admission
- f) Hypertension admission rate
- g) Diagnosis and management of asthma
- h) Bacterial pneumonia immunization
- i) Influenza Immunization

2. 15-Day Readmissions

- a) All cause readmission rate
- b) Congestive heart failure readmission rate
- c) Diabetes readmission rate
- d) Behavioral health readmission
- e) COPD readmission
- f) Stroke readmission
- g) Pediatric asthma

Category 4 Project Areas

3. Potentially Preventable Complications

4. Patient-centered Healthcare

- a) Patient satisfaction
- b) Medication management

5. Emergency Department

- a) Admit decision time to ED departure time for admitted patients

DSRIP Project Requirements

- **An Intergovernmental Transfer (IGT) Entity may fund a DSRIP project outside its region if there are historical patient flow patterns.**
- **Projects and DSRIP payments are documented in the RHP Plan of the Performing Provider.**
- **A Performing Provider may only participate in the RHP Plan where it is physically located.**
- **Each project shall be implemented by one Performing Provider only.**
- **Projects included in the RHP Plan shall be:**
 - Selected from the RHP Planning Protocol (DSRIP Menu).
 - Based on community needs.
 - Planned for implementation.

Uncompensated Care (UC) Payments and DSRIP Participation

- **Hospitals receiving UC payments must report on a subset of DSRIP Category 4 measures:**
 - Potentially Preventable Admissions (PPAs).
 - Potentially Preventable Readmissions (PPRs).
 - Potentially Preventable Conditions (PPCs).
- **Failure to report on the required measures by the last quarter of the year will result in forfeiture of UC payments in that quarter.**
- **Small and rural hospitals are exempted.**

DSRIP Allocation to Performing Providers

Pass 1

- **Hospital Providers – 75%** (formula distributes a specific amount to each hospital)
- **Local Mental Health Authorities (LMHAs) – 10%**
- **Physician practices associated with academic health science centers – 10%**
- **Local Health Districts – 5%**

Pass 2

- **Uncommitted DSRIP in Pass 1 may be redistributed to Performing Providers to fund additional projects from Categories 1-3.**

Summary of DSRIP Project Requirements

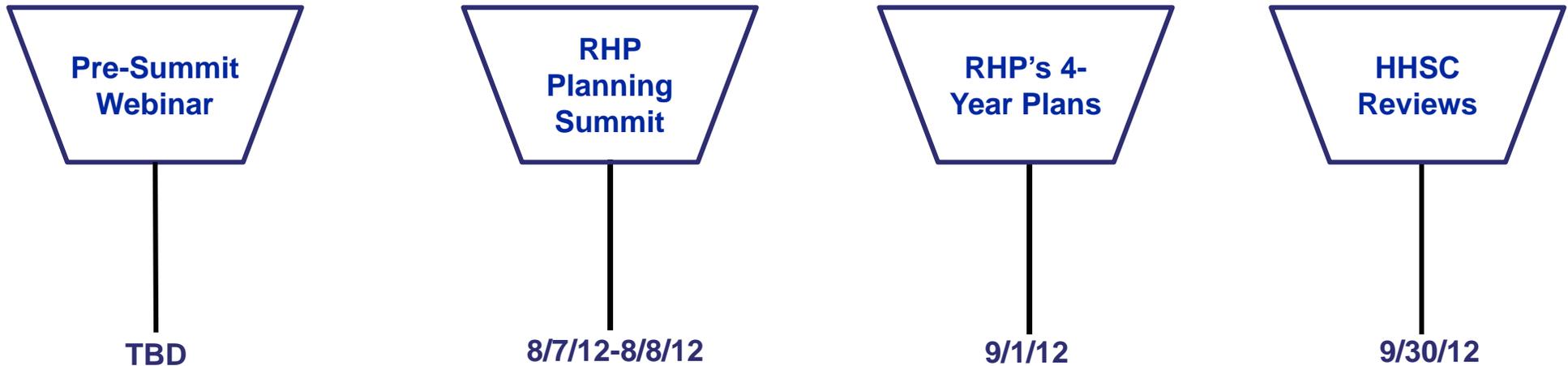
	Categories 1 & 2	Category 3	Category 4
Performing Provider	Hospital and Non-hospital Providers	Hospital Providers only*	Hospital Providers only*
Project Begins	DY2	DY2	DY3
Pass 1 Projects and Requirements			
	RHP Level Requirement	Hospital Level Requirement	Hospital Level Requirement
RHP Tier 1	Minimum 10 projects (at least 5 from Category 2)	2 projects (1 mandatory and 1 selected by hospital)	5 Domains of Measures: <ul style="list-style-type: none"> • PPAs • PPRs • PPCs • Patient-centered Healthcare • Emergency Department
RHP Tier 2	Minimum 6 projects (at least 3 from Category 2)		
RHP Tier 3	Minimum 4 projects (at least 2 from Category 2)		
RHP Tier 4	Minimum 2 projects (at least 1 from Category 2)		
Broad Participation	RHPs in Tiers 1, 2, & 3 shall have minimum participation by non-profit and private hospitals.		

* Certain small hospitals and rural hospitals are exempt from performing a second Category 3 project and from reporting Category 4 measures.

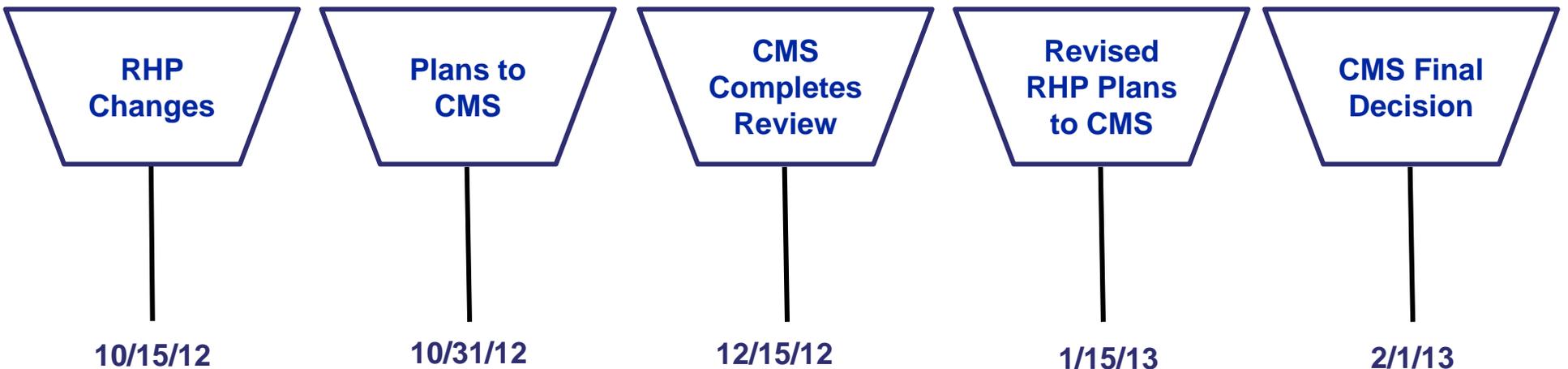
- Each project/intervention identified should include items such as:
 - DSRIP Category
 - Project/intervention title
 - RHP Performing Provider involved with this project
 - Brief description of project/intervention
 - Goal
 - Expected outcome
- Complete list can be found at: <http://www.hhsc.state.tx.us/1115-docs/DRAFT-Plan-Template.pdf>
- Other important considerations:
 - Strategic planning around population improvements.
 - Internal capacity.
 - Far-reaching, yet achievable goals.

Proposed RHP Key Dates

August – September 2012



October 2012 – February 2013



- RHP related resources can be found on the HHSC Waiver page:
<http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Draft Texas DSRIP RHP Protocol, Categories 1-4:
 - <http://www.hhsc.state.tx.us/1115-docs/Category-1.pdf>
 - <http://www.hhsc.state.tx.us/1115-docs/Category-2.pdf>
 - <http://www.hhsc.state.tx.us/1115-docs/Category-3.pdf>
 - <http://www.hhsc.state.tx.us/1115-docs/Category-4.pdf>
- HHSC RHP plan template:
<http://www.hhsc.state.tx.us/1115-docs/DRAFT-Plan-Template.pdf>
- California RHP protocol and specific plans:
 - <http://www.dhcs.ca.gov/provgovpart/Pages/DSRIP1.aspx>
 - <http://www.dhcs.ca.gov/Documents/Attachment%20Q.pdf>
 - <http://www.dhcs.ca.gov/Documents/4-7-2011%20CA%20Attachment%20Q%20Category%2030001.pdf>

- Funding and Mechanics
 - **HHSC** – TXHealthcareTransformation@hhsc.state.tx.us
 - **Draft protocol available at:** <http://www.hhsc.state.tx.us/1115-docs/draft-mechanic-protocol.pdf>
- DSRIP – RHP Plan Submission
 - **HHSC** – TXHealthcareTransformation@hhsc.state.tx.us
- Technical Assistance – Intervention planning and measurement
 - **TMF Health Quality Institute**
 - Dan Culica, MA, PhD - Project Director
Dan.Culica@tmf.org
512-334-1679
 - Jennifer Woodard, MPH - Sr. Health Services Consultant
Jennifer.Woodard@tmf.org
512-334-1646