TEXAS Health and Human Services Commission

RHP Planning Protocol and DSRIP Projects

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Category Overview

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.

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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.

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RHP Planning Protocol Status

- Protocol under ongoing negotiation with CMS
- Reviewing projects on a rolling basis prioritizing high-interest areas
- Revisions include increasing project detail with some additional milestones and more refined metrics
- The Category 1 project to enhance coding and documentation for quality data and the Category 2 project to improve patient flow in the emergency department/rapid medical evaluation have been removed.
- Increased emphasis on Category 3, with a change to the common, required sepsis measure

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"Other" Project Options

- Negotiating with CMS to include "Other" project option in Category 1 and 2 projects
- An "other" project must fit within the project goal and meet a defined outcome measure in that project area. The provider can design the project and related process measures to meet the chosen outcome measure.
- The chosen project should include evidence-based strategies not included as defined project options
- "Other" projects will be subject to additional scrutiny during the plan review and approval process

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Changes to Category 3

- CMS proposed changing the approach to Category 3 as follows:
  - No longer focused on only hospitals, so other providers would be included
  - Rather than assessing statewide improvement in one area (e.g., sepsis), show performing provider outcomes for multiple areas
  - No single, mandatory project, but more measures to be chosen reflecting regional needs
  - Rather than Category 3 containing specific projects, now Category 3 will be outcome measures reflecting progress in Categories 1 and 2

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Project Selection Criteria

- Planning process that demonstrates regional collaboration.
- Projects selected address community needs.
- Projects selected are the most transformative for the region, stressing integration and synergy among providers.
- RHP Plan demonstrates projects that tie the four categories together to demonstrate outcomes.
- RHP Plans must ensure that DSRIP payments do not duplicate funding of federal initiatives funded by the U.S. Department of Health & Human Services.
- Capital projects will be considered on a case-by-case basis and evaluated in the context of the whole plan. Must demonstrate the project is necessary to achieve long-term quality improvements.

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Category 1 and 2 Metrics and Milestones

- **Metric** – Quantitative or qualitative indicator of progress toward achieving a milestone from a baseline.
- **Milestone** – An objective for DSRIP performance comprised of one or more metrics.
  - **Process milestones** are objectives for completing a process that is intended to assist in achieving an outcome.
  - **Improvement milestones** are objectives to achieve improved outcomes.

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Category 1 and 2 Metrics and Milestones

- **Process Milestone example:**
  - **Milestone:** Write and disseminate a patient/family experience strategic plan
  - **Metric:** Submission of patient/family experience strategic plan and documentation of the dissemination of that plan throughout the organization
- **Improvement Milestone example:**
  - **Milestone:** Improve patient satisfaction/ experience scores
  - **Metric:** X percent improvement over baseline patient satisfaction scores captured by HCAHPS

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Category 1/2 Sample Project

PROJECT 2.7: PATIENT NAVIGATOR PROGRAM, [RHP PP PROJECT OPTION - 2.7.1]			
[RHP Performing Provider involved with this project - Name/TPI]			
Year 2 (10/1/2012 – 9/30/2013)	**Year 3 (10/1/2013 – 9/30/2014)**	**Year 4 (10/1/2014 – 9/30/2015)**	**Year 5 (10/1/2015 – 9/30/2016)**
Milestone 1 [P-1]: Establish/expand a health care navigation program to provide support to patient populations who are most at risk of receiving disconnected and fragmented care. Metric 1 [P-1.1]: Percent of patients enrolled in the patient navigation program Goal: 30% of eligible patients Data Source: EHR Metric 2 [P-1.2]: Average frequency of contact with care navigators Goal: 2 contacts/patient Data Source:.EHR Metric 3 [P-1.3]: Average patient satisfaction scores Goal: 60% satisfaction Data Source: survey	**Milestone 2 [P-1]**: Provide care management/navigation services to targeted patients (e.g., high users of the ED and/or inpatient services) Metric 1 [P-1.1]: Increase in the number or percent of targeted patients enrolled in the program Goal: 45% eligible patients Data Source: EHR Metric 2 [P-1.2]: Number/percent of patients without a primary care provider who are given a scheduled primary care provider appointment Goal: 30% Data Source: EHR	**Milestone 3 [P-1]**: Provide care management/navigation services to targeted patients (e.g., high users of the ED and/or inpatient services) Metric 1 [P-1.1]: Increase in the number or percent of targeted patients enrolled in the program Goal: 65% eligible patients Data Source: EHR Metric 2 [P-1.2]: Number/percent of patients without a primary care provider who are given a scheduled primary care provider appointment Goal: 50% Data Source: EHR **Milestone 4 [I-3]**: Reduction in ED use by identified ED frequent users receiving navigation services Metric 1 [I-3.1]: ED visits pre- and post-navigation services by individuals identified as ED frequent users Goal: 40% reduction in average Data Source: EHR, claims Metric 2 [I-3.2]: Average patient satisfaction scores Goal: 80% Data Source: survey	**Milestone 5 [P-1]**: Provide care management/navigation services to targeted patients (e.g., high users of the ED and/or inpatient services) Metric 1 [P-1.1]: Increase in the number or percent of targeted patients enrolled in the program Goal: 85% eligible patients Data Source: EHR Metric 2 [P-1.2]: Number/percent of patients without a primary care provider who are given a scheduled primary care provider appointment Baseline/Goal: 70% Data Source: EHR **Milestone 6 [I-3]**: Reduction in ED use by identified ED frequent users receiving navigation services Metric 1 [I-3.1]: ED visits pre- and post-navigation services by individuals identified as ED frequent users Goal: 65% reduction in average Data Source: EHR, claims Metric 2 [I-3.2]: Average patient satisfaction scores Goal: 90% Data Source: survey

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RHP Plans: Next Steps

- September 1 – October 31, 2012: RHP Plans due to HHSC
- HHSC expects to take 30 days to complete State review
- HHSC will submit all RHP Plans as State-approved or draft to CMS by October 31, 2012

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Waiver Communications

- Find updated materials and outreach details:
  - http://www.hhsc.state.tx.us/1115-waiver.shtml
- Submit all questions to:
  - TXHealthcareTransformation@hhsc.state.tx.us

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