



# Regional Evaluation

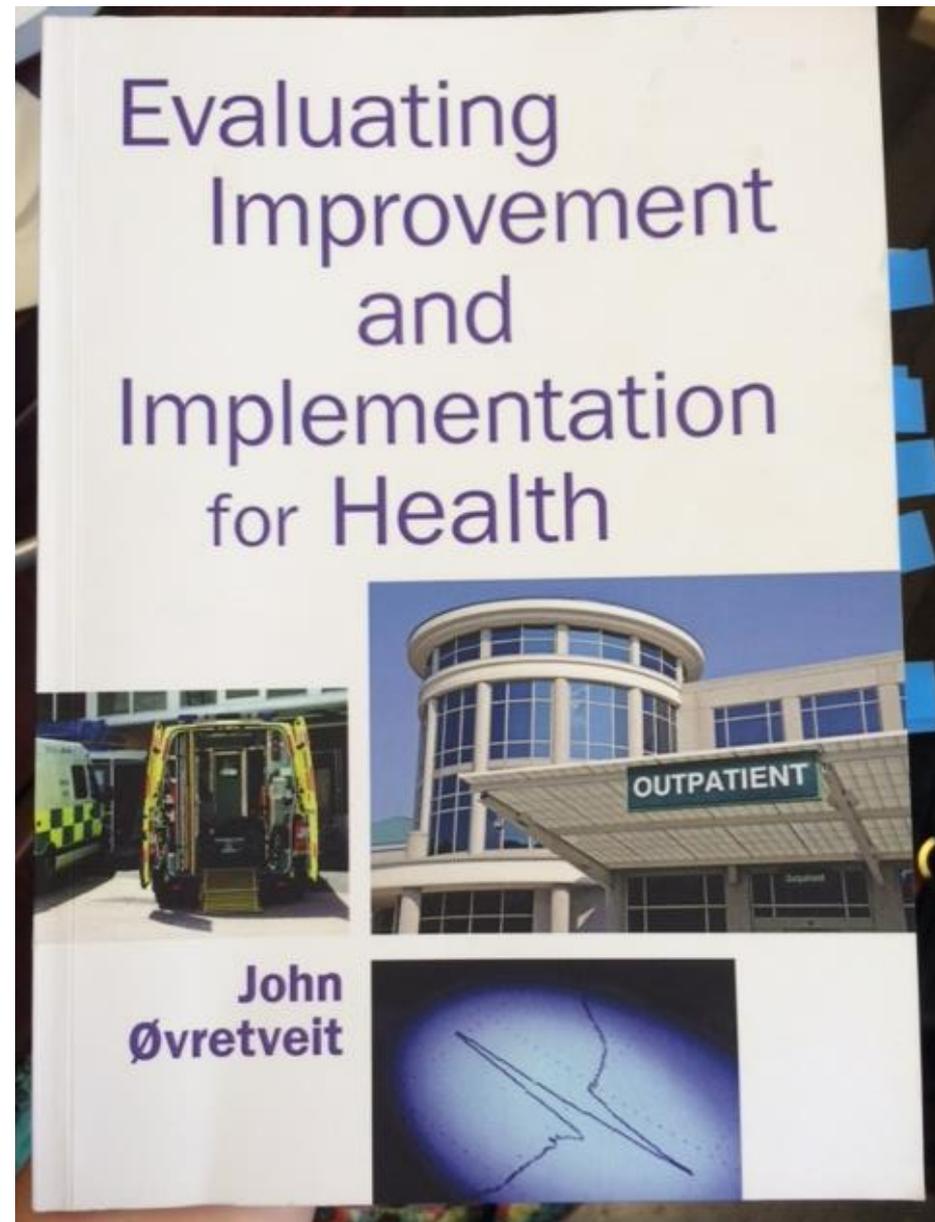
Carol Huber, MBA

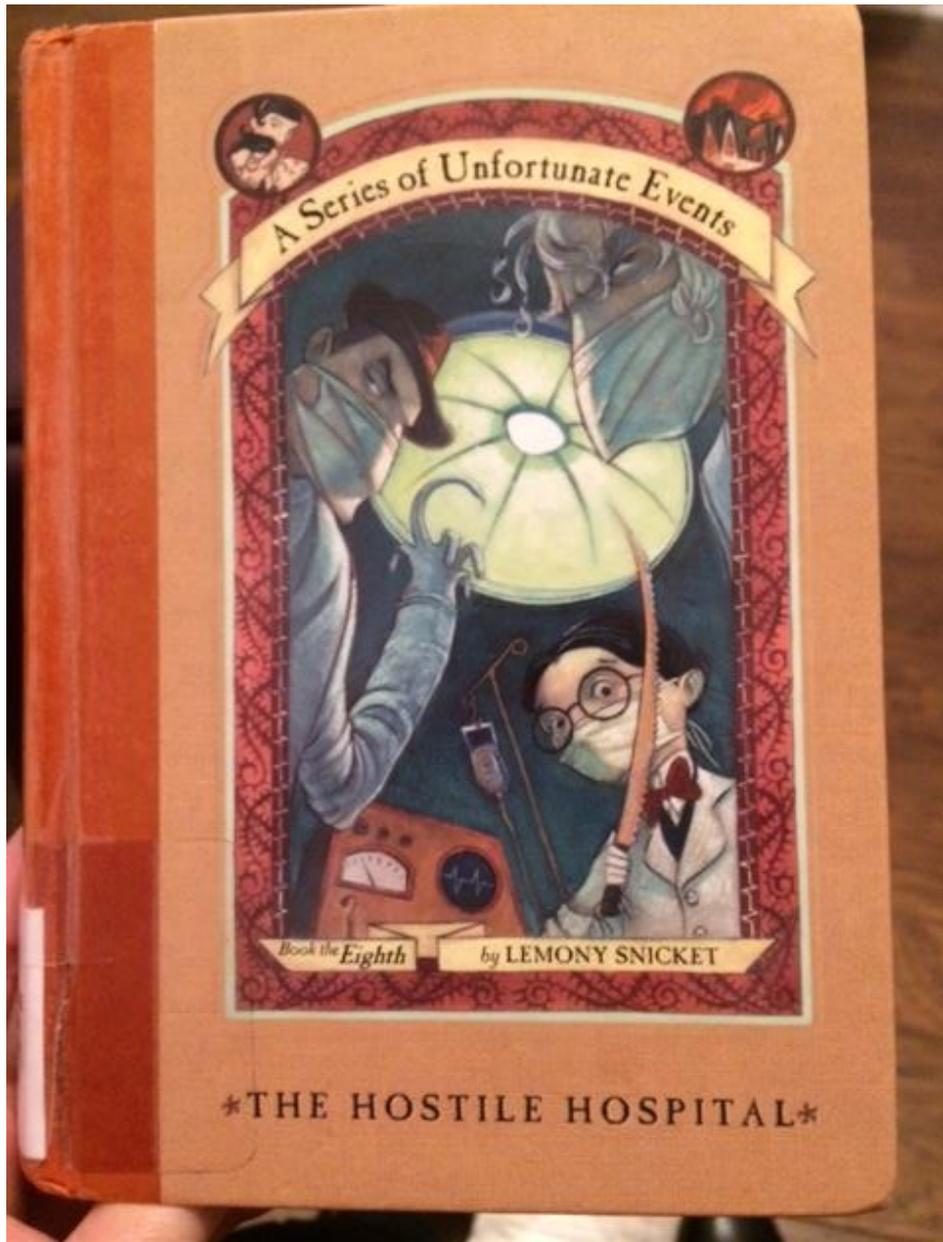
Evaluation is making a **comparative assessment** of the **value** of something, using systematically collected and analyzed **data**, in order to **decide** how to **act**.”

John Øvretveit, 1998

“The key to good evaluation is to choose the **design** and **methods** which are most suited to the **users’ questions** and to the **type of intervention** or change, but to do so within the **constraints of time** and **resources** for the evaluation.”

Page 11





“Paperwork is the most important thing we do at this hospital!”

“Hooray for paperwork!”

Page 204

“The **aim** of an evaluation, like the aim of a health intervention, is to

**make a difference.**

Even if the difference is only that people continue to do what they did before, but with

**more confidence**

that they are doing the **right thing.**”

## Tips for a Useful Evaluation

1. Describe who the evaluation is for and what decisions it is to inform.
2. Describe the intervention and the conditions under which it was done.
3. Don't gather too many or too few outcomes data.
4. Don't assume only the intervention could cause the outcome.

# Selected “Golden Rules” for Data Collection and Analysis (Page 37)

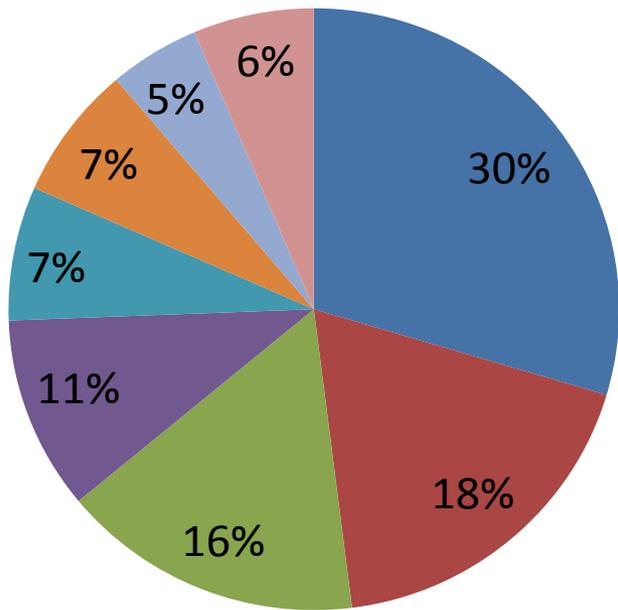
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- Don't invent a new measure when a proven one will do.
- Measure what is important, not what is easy to measure.
- Don't collect data where confounders will make interpretations impossible.
- Spend twice as much time on planning and designing the evaluation than you spend on data collection.
- Always do a small pilot to test the method on a small sample.
- Back up your data.

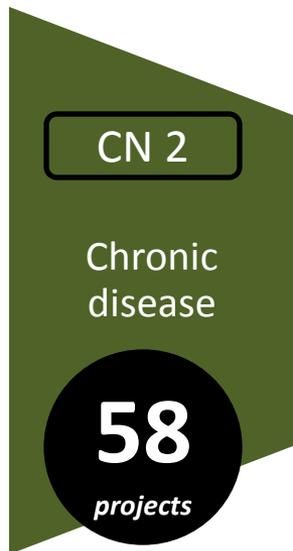
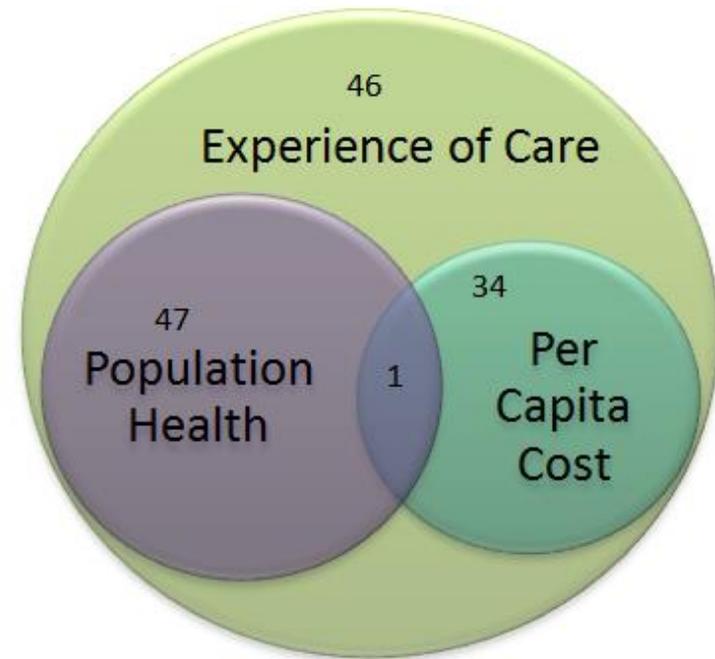
- **Aims:** what are the questions to be addressed? What information is needed?
- **Description:** what are the details of the intervention, its implementation and context?
- **Attribution:** how confident can we be that the intervention caused the outcomes reported?
- **Generalization:** can we copy it and obtain similar results?
- **Usefulness:** in which situation are the intervention and implementation feasible? how do we enable users to use the findings?

## **ADAGU strategies** page 39

*Checklist for understanding an evaluation*



- Behavioral Health (37)
- Primary Care (23)
- Care Mgmt/Navigation (20)
- Specialty Care (13)
- Health Promotion (9)
- Process Improvement (9)



# Performance Improvement Measurement Continuum

*Payment for full completion only*

*Payment for partial achievement*

*Payment for reporting (hospitals only)*

Process Milestones

*Categories 1 & 2*

Improvement Milestones

*Categories 1 & 2*

Outcome Improvement Targets

*Category 3*

Reporting Domains

*Category 4*

Develop implementation plans for Crisis Intervention Unit (CIU)



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Increase utilization of CIU *#admissions*  
*# unduplicated patients*

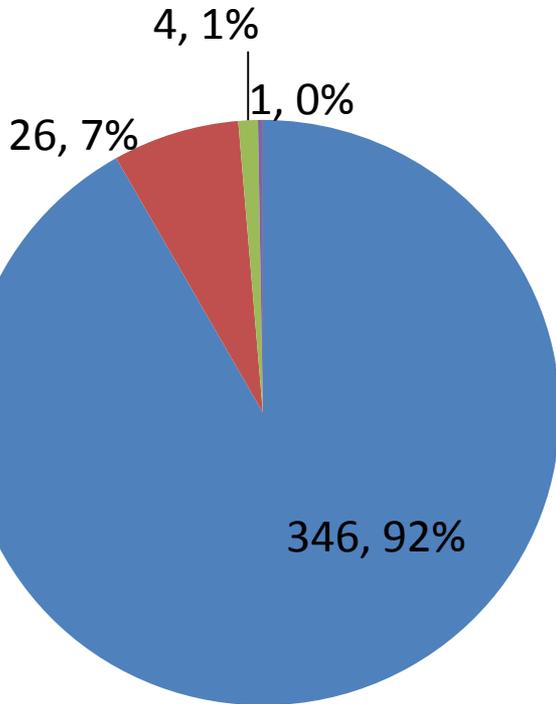
30 Day Readmission Rate: Behavioral Health (targeted population)

30 Day Readmission Rate: Behavioral Health (Medicaid enrollees)

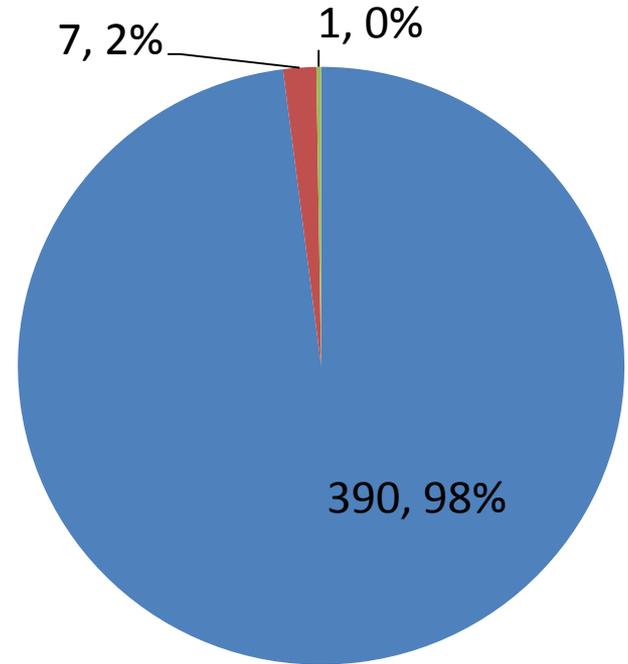
# DY3 Results

as of July 2, 2015

### Categories 1 and 2



### Category 3



- Approved
- Carry Forward
- Not Approved
- NMI (CF)

## DY3 – Quantifiable Patient Impact (QPI)

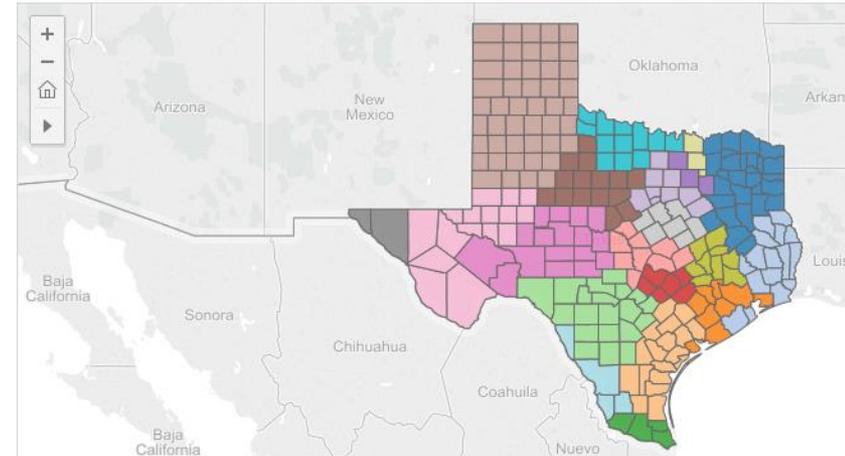
QPI	Projects Reporting	DY3 Result	DY3 Target
Patients Served	65	68,464	41,798
Patient Visits	38	218,139	93,310
Patients positively Impacted	17	178,478	152,870

# Tableau

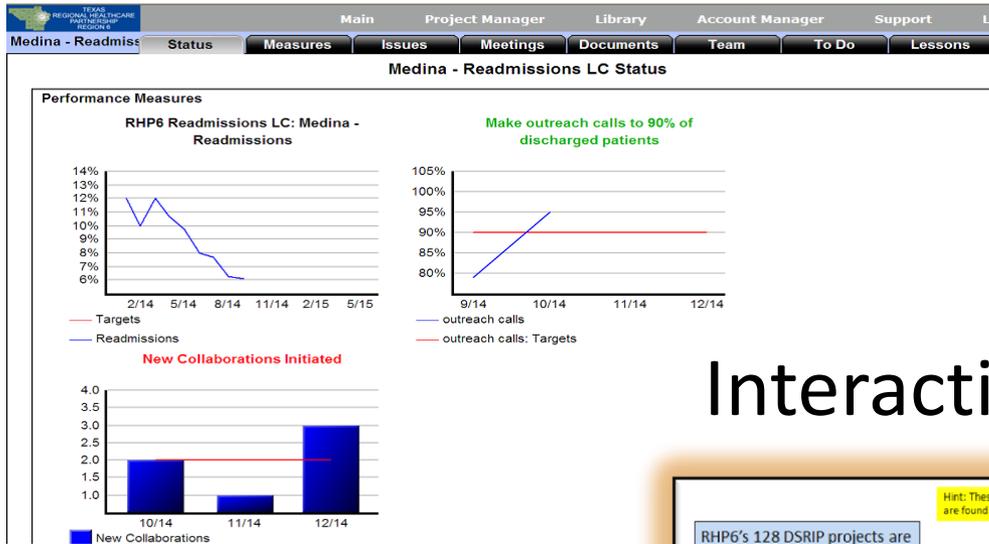
< Texas HHSC's Profile

DSRIP Amounts by RHP RHP Specific Cat 1 & 2 DSRIP Amount Details Cat 3 DSRIP Amount De

## DSRIP Amounts by RHP



# Project Management Software



# Interactive Tools

Hint: These four navigation buttons are found on each page of the tool

To return to your previous slide

To return to this menu

To learn more about the waiver

To exit

RHP6's 128 DSRIP projects are organized by provider, county, project focus, and outcome measure.

Select an option by clicking one of the boxes below.

**Provider**

- There are 25 providers with active DSRIP projects, including:
  - Hospitals
  - Community Mental Health Centers
  - Physician practices
  - Local public health
- An additional three providers are participating in the Uncompensated Care (UC) pool.

**County**

**RHP6 Quick Facts:**

- 20 counties
- 24,734 square miles
- 2.3 million residents
- 54% Hispanic / 37% Anglo
- 16% live below poverty line
- 24% without health coverage
- \$36,000 per capita income
- 20% did not complete high school

**Project Focus**

- Providers selected project areas from a menu called the RHP Planning Protocol
- For this tool, the 33 project areas have been organized into 12 focus areas.
- All proposed projects were reviewed and approved by HHSC and CMS.
- Incentives are paid for achieving approved milestones and metrics.

**Outcome Measure**

- 190 outcome measures were selected by RHP 6 providers and approved by HHSC in Demonstration Year (DY) 3.
- Baselines were set in DY3.
- DY4 incentives will be paid for reporting and performance.
- DY5 incentives will be paid for performance only.

View incentives earned by providers for Years 1-3

Back to instructions

Back to Start

Texas Health Care

# Transformation

and Quality  
Improvement Program

So what exactly is...  
Transformation?

# The Electronic Medical Record?

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# Transformation is...

Community Health Workers in rural Uvalde County

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# Transformational Impact Summaries

Dr. Ø's Tip #1: Describe who the evaluation is for and what decisions it is to inform.

Potential User	Potential Uses
HHSC	<ul style="list-style-type: none"><li>• Identify best practices and “mentors”</li><li>• Inform Waiver 2.0 protocols</li><li>• Communicate successes and other information to CMS</li></ul>
Other Providers	<ul style="list-style-type: none"><li>• Replicate</li><li>• Learn from other providers’ successes and challenges</li><li>• Identify best measures</li></ul>
Performing Provider and Stakeholders	<ul style="list-style-type: none"><li>• Was it worth your investment?</li><li>• Should you stop, maintain, or expand?</li><li>• Application to other programs?</li></ul>

# Transformational Impact Summaries

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**Describe the services delivered.**

**Describe plans for sustainability.**

**How is the project addressing Triple Aim, increasing access...?**

**Describe potential for replicability / integration.**

**Describe challenges / lessons learned.**

**Describe quality/data improvements.**

**Describe relationship /changes to system of care.**

**How aligned are your Cat 3 measures? What else are you measuring? Results??**

**Provide examples from the industry/literature where the strategies you are implementing have been successful. How have you modified your projects?**

## ADAGU?

**“Evaluation alone changes nothing.”**



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Regional Healthcare Partnership  
plans and DSRIP projects were  
developed and implemented to  
address community needs

... So are they??



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Community Need

**QUALITY OF CARE**



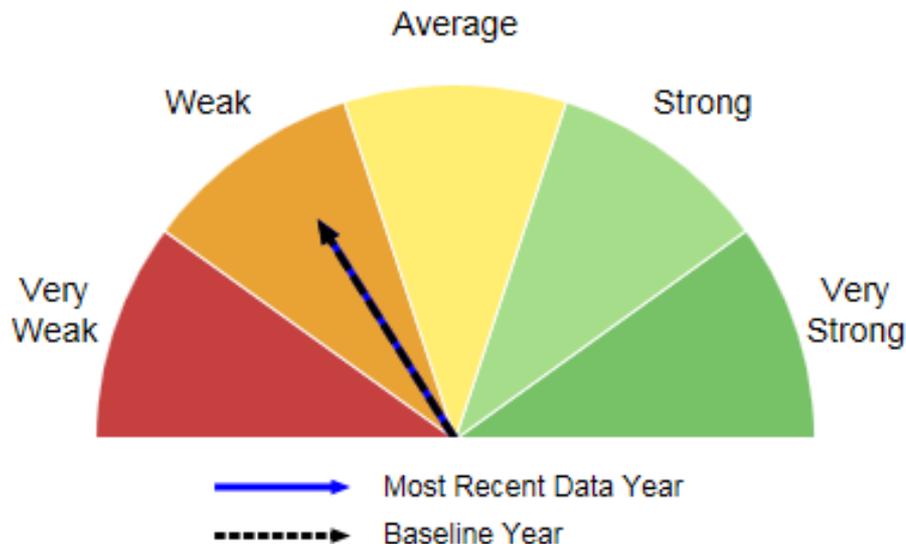
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# Quality of Care

“According to the Agency for Healthcare Research and Quality’s 2011 report, Texas ranks last in the nation on health care quality.”

*RHP 6 Plan Submission (March 2012)*



According to AHRQ’s 2013 report, Texas is now ranked 49<sup>th</sup> of 51 but scores remain weak.

# County Health Rankings & Roadmaps

2012

Of 221 counties reviewed, 4 RHP  
6 counties ranked in the lower  
half of Texas counties on Health  
Outcomes.

*RHP 6 Plan Submission (March 2012)*

2015

Of 237 counties reviewed, 6 RHP  
6 counties ranked in the lower  
half of Texas counties on Health  
Outcomes.

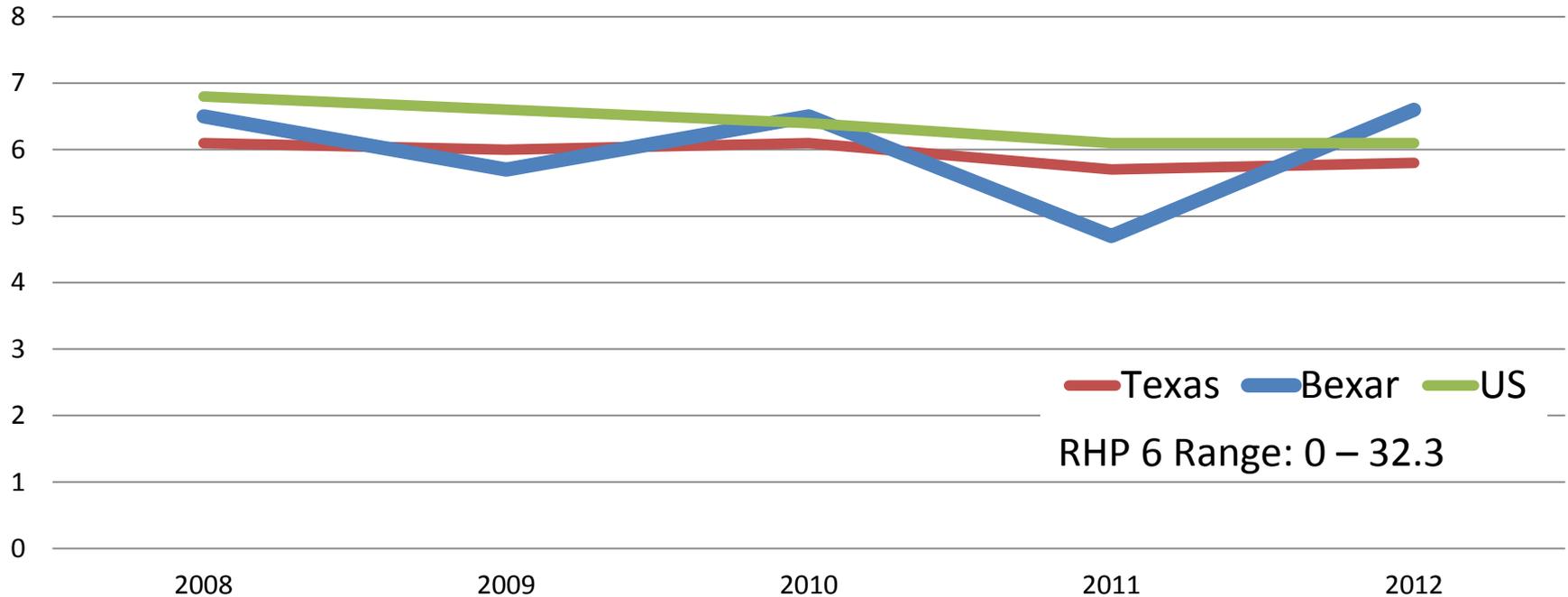
University of Wisconsin

Robert Wood Johnson Foundation

<http://www.countyhealthrankings.org/app/#!/texas/2015/downloads>

County	2012	2015	2012	2015
	Health Factors Ranking		Health Outcomes Ranking	
Atascosa	178	160	134	157
Bandera	47	52	95	113
Bexar	84	50	73	74
Comal	6	14	7	20
Dimmit	217	213	52	106
Edwards	194	194	105	143
Frio	198	193	64	197
Gillespie	3	8	5	11
Guadalupe	44	20	23	25
Kendall	1	3	6	12
Kerr	59	28	161	140
Kinney	NR	114	NR	40
La Salle	196	172	80	90
McMullen	NR	NR	NR	NR
Medina	76	85	54	24
Real	158	135	166	233
Uvalde	195	215	67	116
Val Verde	122	102	31	48
Wilson	29	16	59	21
Zavala	219	235	127	159

# Infant Mortality Rate



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Center for Public Policy Priorities

KIDS COUNT

Annie E. Casey Foundation

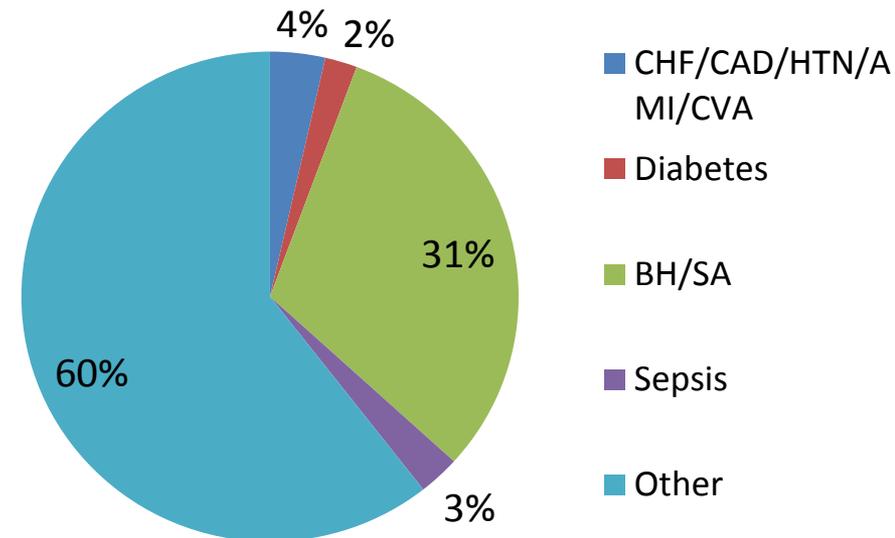
<http://datacenter.kidscount.org/data#TX/2/0>

# Potentially Preventable Readmissions

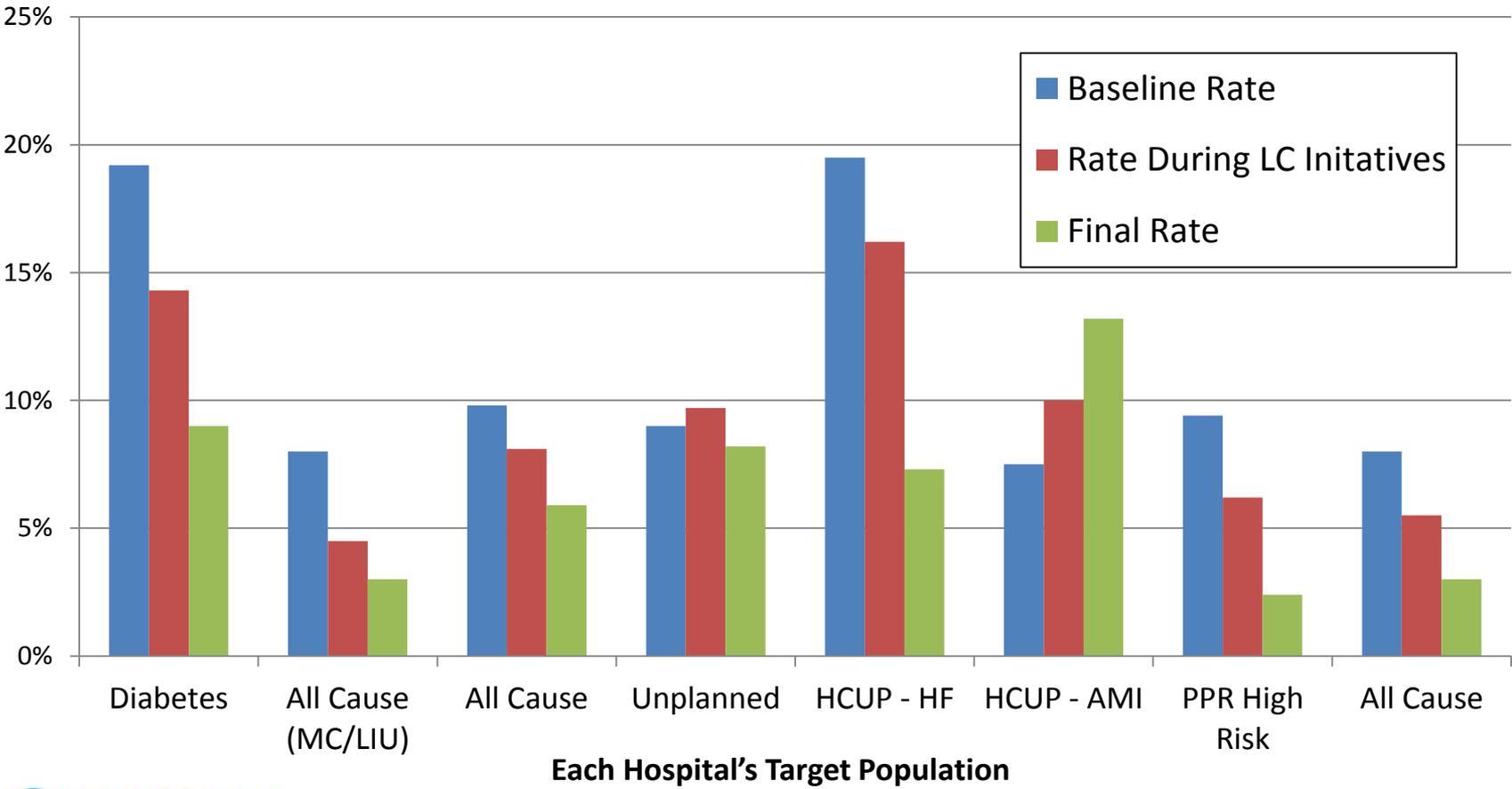
RHP 6 performs worst in Texas on PPRs  
(Medicaid and CHIP - CY 2012)

- PPR rate: 5.3%
  - Admissions at risk: 34,391
  - Range: 2.3 – 5.3%
  - State Overall (SFY 2013): 3.7%
  - State Overall - Adults: 8.7% (↑)
- Actual to Expected Ratio: 1.02
- PPR Expenditures: \$18,872,000
- Penalties
  - CMS – 9 hospitals
  - HHSC – 2 hospitals

PPR Expenditures by Diagnosis



# Self-Reported Results By Hospital



# Gap Analysis – Reducing Readmissions (GARR)

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## ➤ Approach

- Provide a tool that detects the gap between current practices and best practices; Regularly reassess
- Broadly describe readmission practices across RHP 6
- Determine the utility and feasibility of GARR as a benchmarking strategy

## ➤ Results: Upon review of five completed GARRs, we learned:

- Readmissions practices vary widely across RHP 6;
- Leaders reported that their programs include about 65% of known best practices.
- With regard to the GARR, users identified that the GARR was easy to use, provided a good assessment, and would be used at regular intervals to reassess progress toward improvement.

# Improvement Strategies and PDSA Cycles

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Providers reported testing and/or implementing the following improvement strategies during the Learning Collaborative initiative:

- Discharge process improvements – 4 hospitals
- Post-discharge follow-up – 6 hospitals
- Transition of Care programs – 6 hospitals
- Patient stratification, tracking and reporting – 8 hospitals
- Medication reconciliation – 3 hospitals
- Community partnerships – 9 hospitals and organizations
- Other – 2 hospitals

# Cat 3 Achievements (April DY4)

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## **Baptist Health System**



Risk adjusted CHF readmission ratio decreased from 0.7551 to 0.6085

Risk adjusted AMI readmission ratio decreased from 0.7439 to 0.7067

## **CHRISTUS Santa Rosa Health System**



Risk adjusted AMI readmission ratio decreased from 1.0338 to 0.9821

Risk adjusted CHF readmission ratio decreased from 1.0630 to 0.7803

## **Methodist Healthcare System**



Stroke – Thrombolytic Therapy improved from 95% to 100%

## **Nix Health**



Catheter-associated Urinary Tract Infection rate decreased from 7.485 to 3.6815



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Community Need

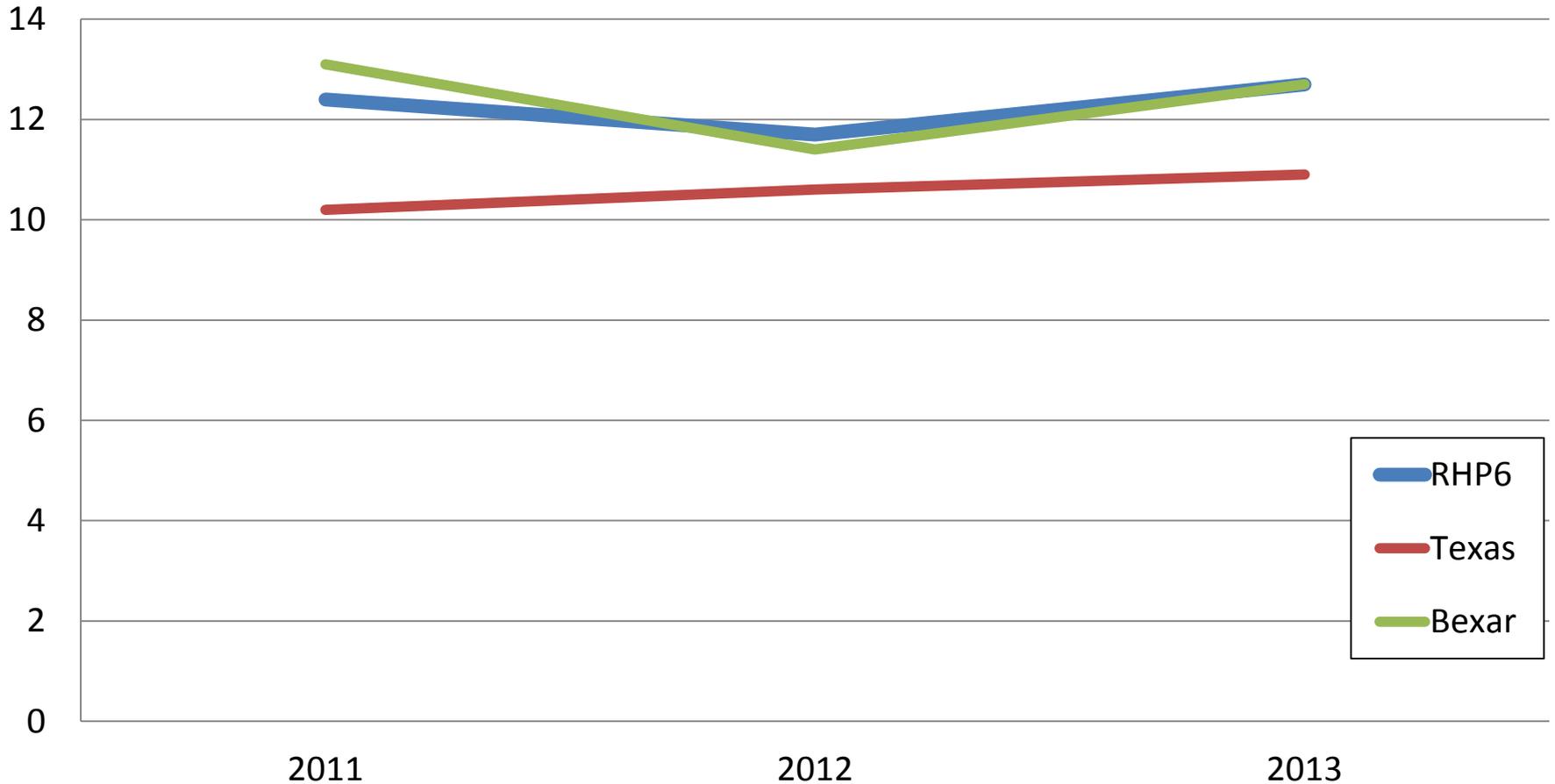
# PREVENTION AND MANAGEMENT OF DISEASE



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# Behavioral Risk Factor Surveillance System (BRFSS) Percent Reporting Doctor Diagnosed Diabetes



# Managed Care Activities and Trends

➤ In 2013, more than half of managed care organizations were conducting projects focused on

- Asthma management
- Diabetes management
- Weight management
- Breastfeeding
- Physical Activity
- Healthful eating

Texas Medicaid Managed Care and CHIP Program External Quality Review Organization Summary of Activities and Trends in Healthcare Quality, 2014

<http://www.hhsc.state.tx.us/reports/2015/EQRO-Summary-Healthcare-2014.pdf>

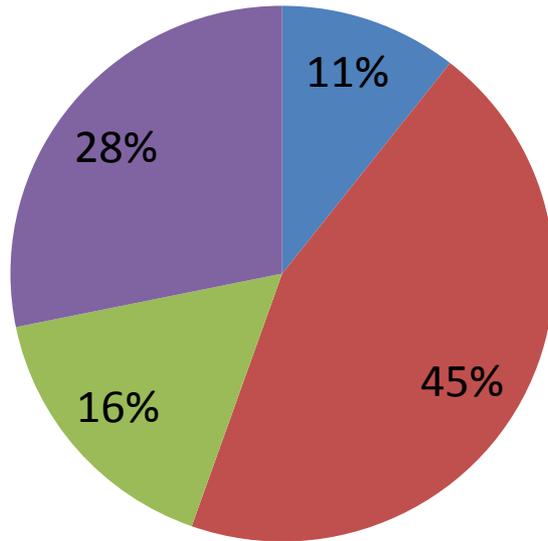
[http://www.hhsc.state.tx.us/hhsc\\_projects/ECI/index.shtml](http://www.hhsc.state.tx.us/hhsc_projects/ECI/index.shtml)

## These projects are underway:

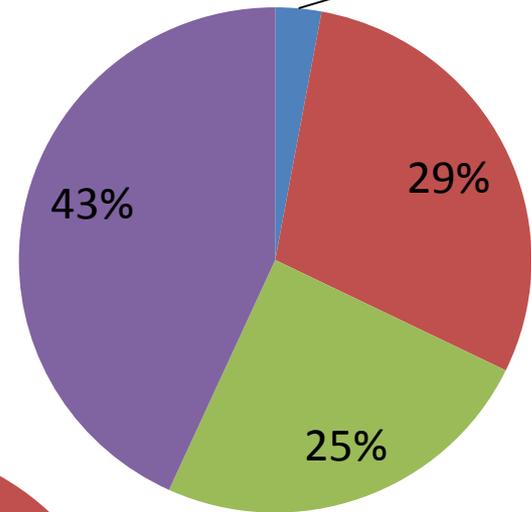
- Pay-for-Quality (P4Q) Program
- Health Plan Performance Improvement Projects
- Potentially Preventable Events
- Health Plan Requirement for Value-Based Payments
- Health Plan Quality Report Card for Enrollees
- Evaluation of Substance Use Disorder Benefit

# Managed Care

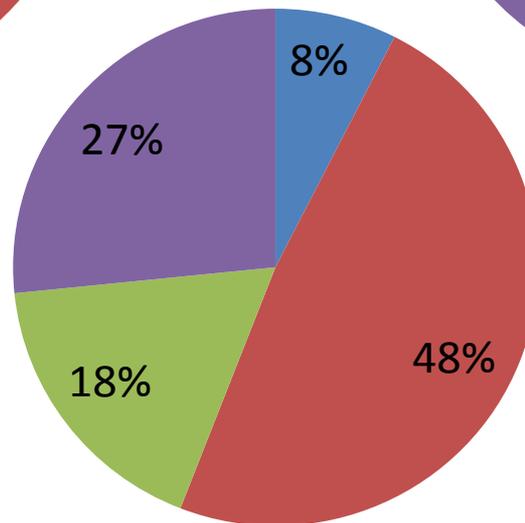
## STAR Child BMI



## STAR Adult BMI 3%



## CHIP BMI

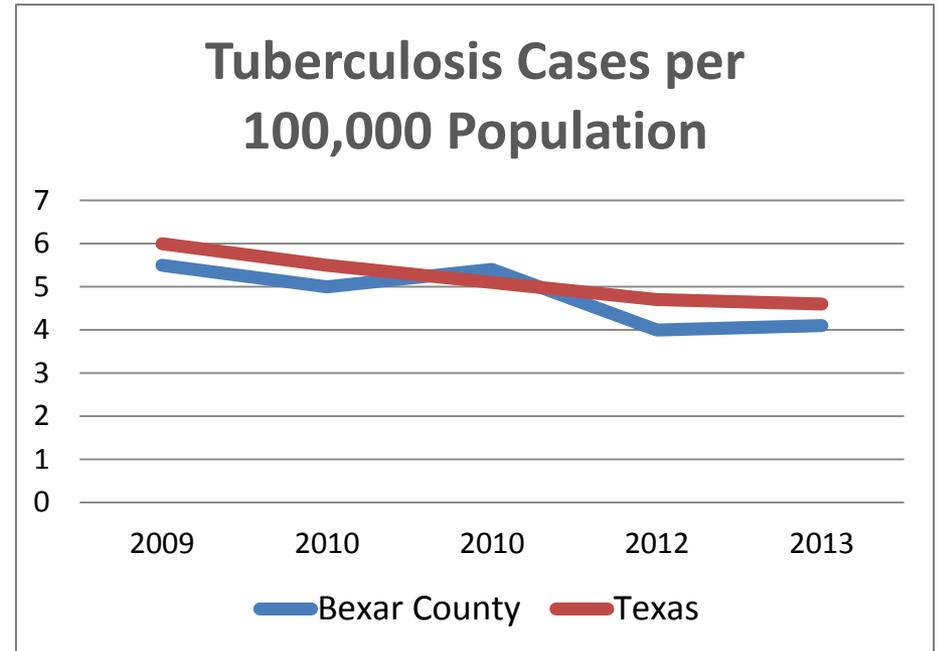


- Underweight
- Healthy Weight
- Overweight
- Obese

# Tuberculosis

## Tuberculosis

- RHP 6 accounts for 8.2% of all Texas counties



Texas Department of State Health Services  
Infectious Disease Control Unit

<https://www.dshs.state.tx.us/IDCU/>

[https://www.dshs.state.tx.us/IDCU/disease/tb/statistics/TBCases\\_Rates\\_2009\\_13\\_byCounty.doc](https://www.dshs.state.tx.us/IDCU/disease/tb/statistics/TBCases_Rates_2009_13_byCounty.doc)



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Community Need

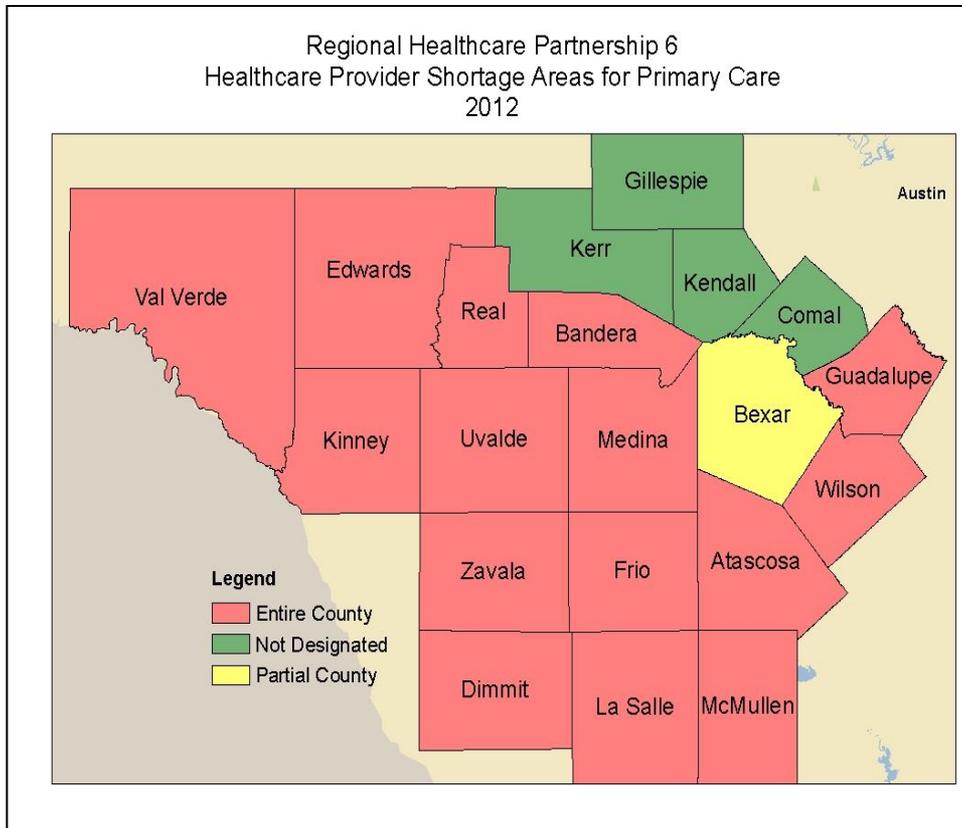
# **ACCESS TO MEDICAL AND DENTAL CARE**



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# Health Provider Shortage Areas



## Primary Care

HPSAs Before DSRIP:  
15 Full and 1 Partial

Current HPSAs  
12 Full and 1 Partial  
Removed from List: Dimmit,  
Guadalupe, Uvalde

## Dental Care

HPSAs Before DSRIP:  
11 Full and 1 Partial

Current HPSAs  
12 Full and 1 Partial  
Added to List: McMullen



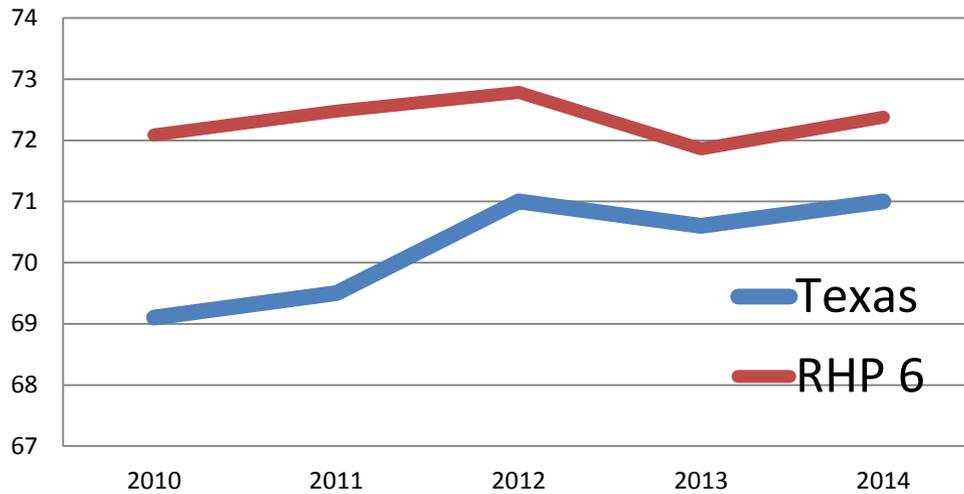
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Texas Department of State Health Services (includes links to HRSA)

<http://www.dshs.state.tx.us/Texas-Medical-Shortage-Area-Designations.shtm>

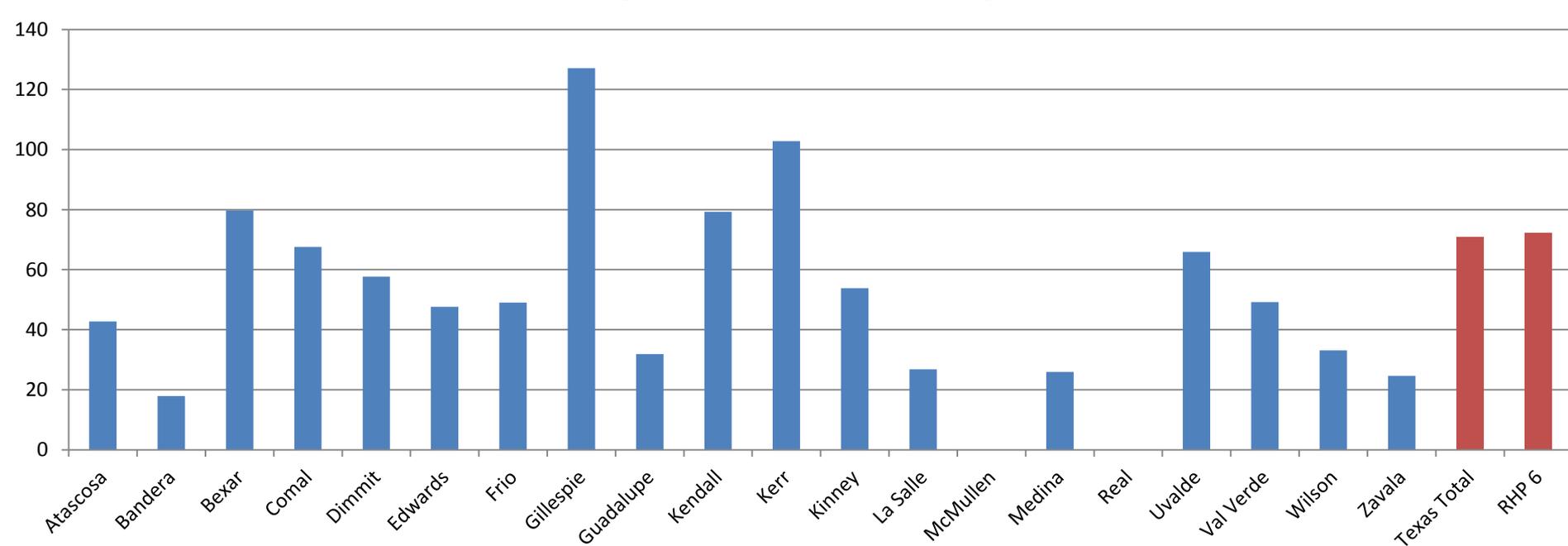
## Primary Care Physicians (PCP) per 100,000 Population



Department of State Health Services  
Center for Health Statistics  
Health Professions – Supply and  
Distribution Tables

<https://www.dshs.state.tx.us/chs/hprc/health.shtm>

## Ratio of PCP Physicians to 100,000 Population - 2014



# Patient Experience

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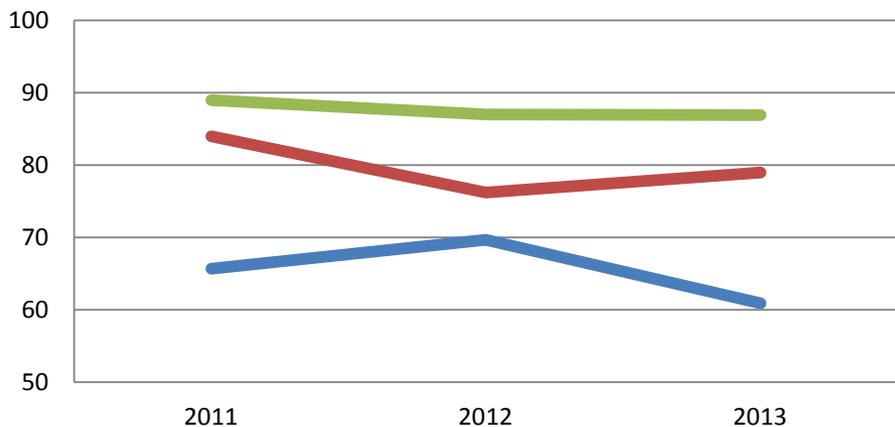
- All hospitals report on patient experience through Category 4
- 20 DSRIP projects are incentivized to improve patient experience through Category 3 outcome measures using a variety of tools
  - HCAHPS, CGCAHPS, VSQ9, CSQ8
- HHSC (EQRO) assesses patient experience of Medicaid and CHIP members
- Patient experience data are reported publicly through CMS' Hospital Compare Web site

And whenever possible....

# BRFSS: Percent Reporting Good or Better Health (RHP 6)

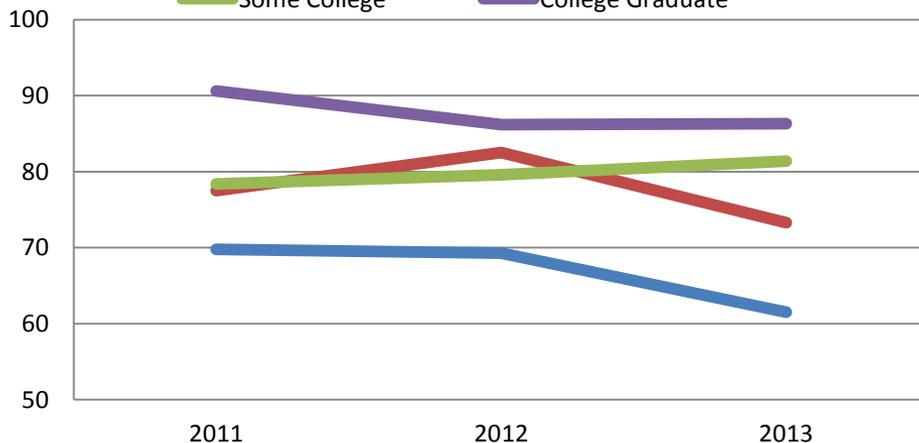
## By Income

<\$25,000    \$25,000-\$49,000    \$50,000 or more



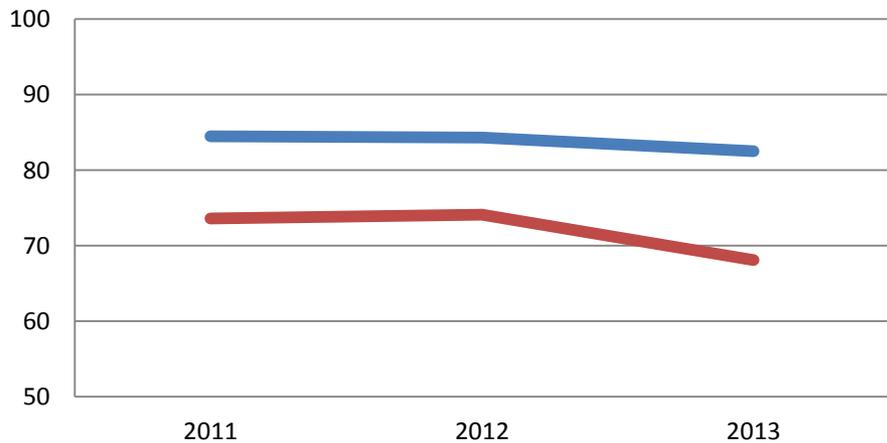
## By Education

<High School    High School Graduate    Some College    College Graduate



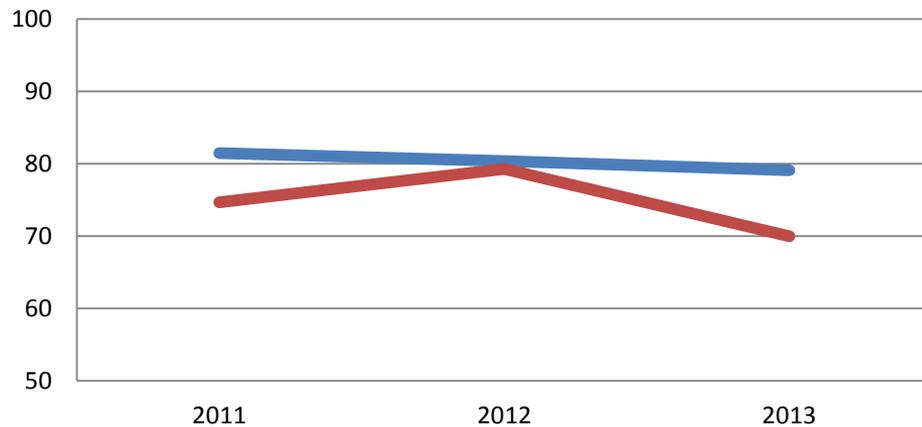
## By Employment Status

Not Employed    Employed



## By Insurance Status

Has Insurance    No Insurance



➤ Pictures

➤ Video

➤ Articles

➤ Posters

➤ Patient stories

➤ Models, charts, diagrams...

➤ Apps, interactive tools, maps...

➤ Poetry, song, dance...

