



# **Texas Healthcare Transformation and Quality Improvement Program Waiver**

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**Lisa Kirsch, Chief Deputy Medicaid/CHIP Director**

**Ardas Khalsa, Medicaid/CHIP Deputy Director**

# DSRIP Summit Experience

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- 1115 Transformation Waiver Goals and DSRIP
- Progress to Date
- Current Status
- Lessons Learned
- Measuring Success
- System Transformation
- Summit Opportunities

# 1115 Transformation Waiver Overview

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- Managed care expansion
  - Allows statewide Medicaid managed care services – STAR, STAR+PLUS, and children’s dental managed care
- Supplemental financing component
  - Preserves historic upper payment limit (UPL) hospital funding under a new methodology
  - Creates Regional Healthcare Partnerships (RHPs)
- Five Year Waiver 2011 – 2016

- Under the waiver, historic UPL funds and new funds are distributed to hospitals and other providers through two pools
  - **Uncompensated Care (UC) Pool (\$17.6 billion)**
    - Replaces UPL using a new methodology
    - Costs for care provided to individuals who have no third party coverage for hospital and other services
  - **Delivery System Reform Incentive Payment (DSRIP) Pool (\$11.4 billion)**
    - New program to support coordinated care and quality improvements through RHPs

## Advance the Triple Aim:

- 1) Better care for individuals (including access, quality and health outcomes)
- 2) Better health for populations
- 3) Reduced per person costs of providing care

Texas DSRIP focuses on both the Medicaid and Low Income Uninsured populations

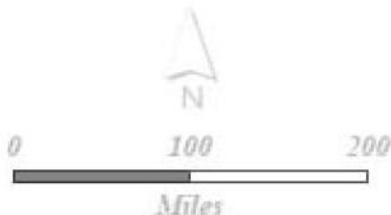
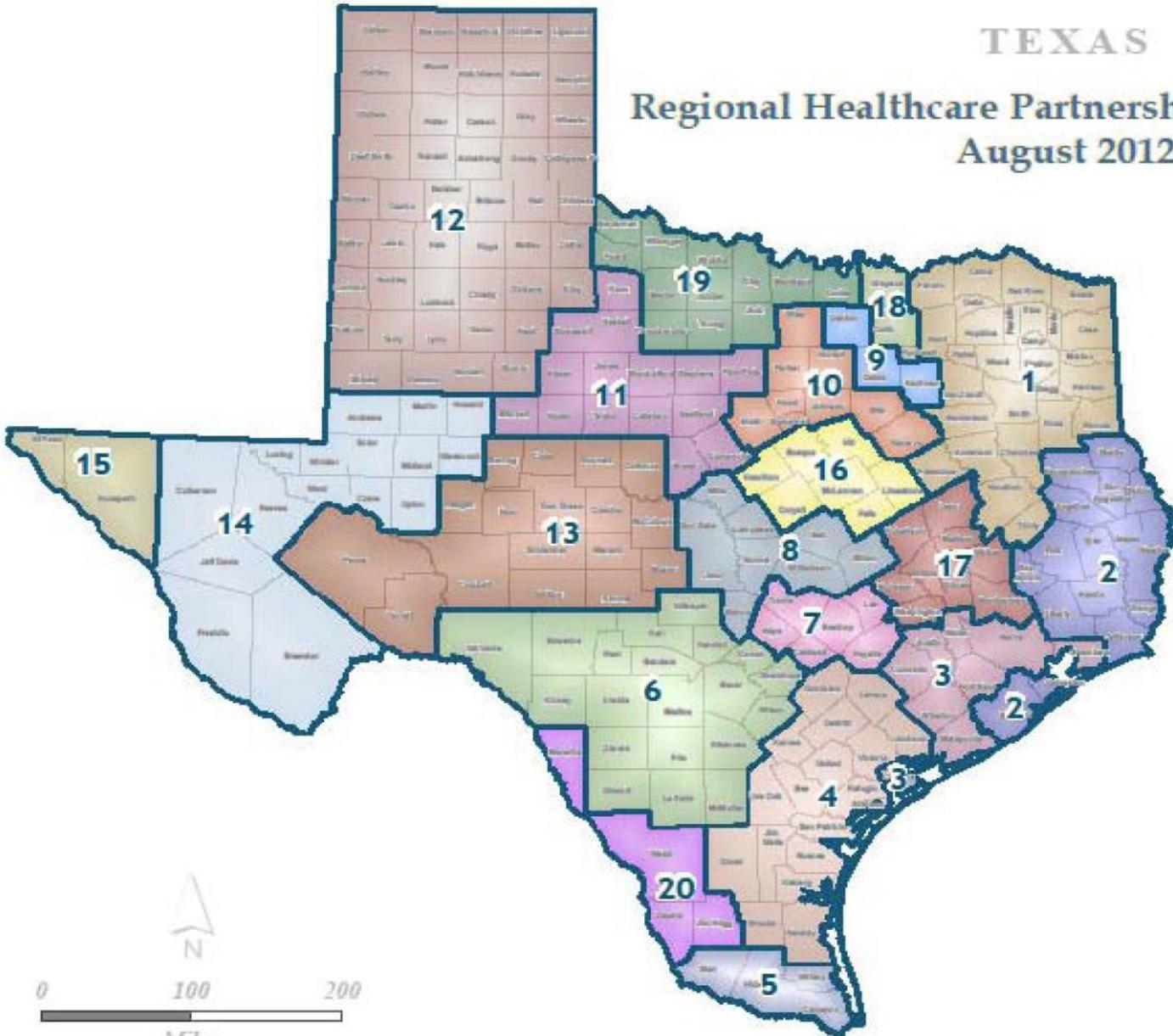
The RHP Planning protocol lists the menu of projects eligible for DSRIP funds:

- Category 1, Infrastructure Development – Lays the foundation for the delivery system change through investments in people, places, processes and technology (Pay for performance)
- Category 2, Program Innovation and Redesign – Pilots, tests, and replicates innovative care models (Pay for performance)
- Category 3, Quality Improvements – Healthcare outcomes that are tied to Category 1 and 2 projects (Pay for outcomes)
- Category 4, Population-Based Improvements – Requires hospitals in all RHPs to report on the same measures (Pay for reporting)

- 20 Regional Healthcare Partnerships (RHPs) covering Texas' 254 counties; each coordinated by a public Anchoring Entity
- Each RHP plan was based on a community needs assessment identifying the priority healthcare needs for the region
- Over 300 DSRIP performing providers – hospitals (public and private), physician groups, community mental health centers, and local health departments
- Intergovernmental transfers (IGT) from governmental entities – largely local public hospital districts – are the non-federal share for DSRIP incentive payments

# TEXAS

## Regional Healthcare Partnership (RHP) Regions August 2012



Map Prepared by: Strategic Division Support Department,  
Texas Health and Human Services Commission,  
August 7, 2012

# DSRIP Progress to Date

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- Waiver approved - December 2011
- 20 Regional Healthcare Partnerships (RHPs) established - May 2012
- Technical assistance summit - August 2012
- Key protocols approved - August/September 2012
- RHP Plans submitted to HHSC - December 31, 2012
- 20 RHP Plans with over 1300 Category 1 & 2 projects submitted to CMS Spring 2013
- Initial approval of most 4-year projects - May 2013

# DSRIP Progress to date

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- DSRIP reporting opportunities - August and October 2013, April 2014
- Over 220 3-year projects received initial CMS approval - May 2014
- Revised Category 3 outcomes framework negotiated between CMS and HHSC – February 2014
- Category 3 outcomes finalized for each Category 1 or 2 project – August 2014
- Regional learning collaborative events – 2013/2014
- Independent Assessor/Compliance Monitor contractor on board - June 2014
- Midpoint assessment review started – August 2014

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- There are 1,491 approved and active DSRIP projects.
    - 1,274 4-year projects
    - 217 3-year projects
  - Major project focuses:
    - Over 25% - behavioral healthcare
    - 20% - access to primary care
    - 18% - chronic care management and helping patients with complex needs navigate the healthcare system
    - 9% - access to specialty care
    - 8% - health promotion and disease prevention

- Through July 2014, DSRIP participants have earned payments of about \$2.58 billion all funds for submission of plans and metric achievement for demonstration years (DYs) 2 and 3.
- The next opportunity to report on DSRIP achievement will be in October 2014 for payment in January 2015.

# DSRIP Projects – Measuring Success

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- Groups of providers and other DSRIP participants are meeting across the state to work collaboratively to identify best practices, share ways to improve projects, and promote continuous quality improvement
  - These learning collaboratives are underway in many regions, and we are now in the first annual statewide learning collaborative summit
- Common topics for the regional learning collaboratives:
  - Behavioral healthcare, including integrated behavioral/primary healthcare
  - Care transitions and patient navigation
  - Chronic care and disease management
  - Reducing unnecessary emergency room use, potentially preventable readmissions
  - Primary care/access
- HHSC's formal evaluation of the waiver also will help provide information for the waiver renewal.
  - An interim evaluation report is due to CMS in 2015

# DSRIP Projects – Measuring Success

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- Most DSRIP projects have completed their start-up phase, and have successfully reported achievement of initial project activities
- Projects have begun reporting their direct patient impact and benchmarks for project outcomes
  - Providers report twice a year on project metrics and milestones completed to earn DSRIP payments
  - In the final two years of the waiver, providers will report improvement in outcome measures related to each project
- The midpoint assessment is beginning to evaluate the progress of the projects so far, and to determine if they require any modifications or technical assistance to be successful
  - This assessment will include a review each project's impact on those served and particularly Medicaid and uninsured individuals, and how the project could be strengthened

# DSRIP Projects – Measuring Success

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## Category 3 Outcomes

- It was a challenge to develop an appropriate menu and achievement methodology given the variety of Texas DSRIP providers and Category 1 & 2 projects
- Over 300 approved measures
- Most measures have a measure steward (AHRQ, NCQA, CDC, NQF) and are validated
- Some measures were created based on evidence-based guidelines and practices
- In general, denominators will be on a population larger than the population served by the Category 1 or 2 project
- The direct correlation between the outcome and Category 1 or 2 intervention will vary by project and size of denominator compared with number served by the project

# DSRIP Projects – Measuring Success

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- Texas is one of the first states to do DSRIP
- Protocols allow providers to select metrics for each project and what is measured varies across projects
- HHSC will be working with providers, stakeholders and evaluator to identify best practices
- Along with the metrics reported, other data from providers also will inform the success of projects
- The level of collaboration among healthcare providers and other systems continues to evolve

- Texas DSRIP is very different than any other state's DSRIP program – we are blazing new ground
- The waiver has become extremely complex
  - Volume and variety of projects in Texas
  - Need to automate/streamline as much as possible
- Timeline pressure up front has resulted in more work later in the process
  - Reporting - Detailed information needed on each metric, including goal and target, for payment purposes
  - Valuation review – Need to demonstrate the quantifiable patient impact of each project, including for Medicaid and low-income uninsured individuals

# Statewide Learning Collaborative Summit

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- The primary goal of this Summit is to share what Texas DSRIP participants have learned from DSRIP so far in order to increase successes as we head into years 4 and 5 of the waiver.
- Technical assistance also will be included for DSRIP providers, RHP anchors and other stakeholders on topics such setting Category 3 baselines and quantifiable patient impact reporting.
- Guest speakers and DSRIP participants will present on shared learning and best practices.
- We look forward to your feedback on the value of this event and how to improve for next year.

Shared learning throughout the Summit for DSRIP – please complete online or on the comment card provided at your table:

- What is going well? What changes are occurring as a result of projects? How is success measured in addition to DSRIP metrics?
- What challenges are providers facing? For example, workforce, data sharing, patient engagement?
- How are DSRIP projects helping to advance regional systems of healthcare?
- How are best practices identified and replicated and how do we sustain them?

# Waiver Communications

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- Find updated materials and outreach details:
  - <http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Submit questions to:
  - [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)