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DSRIP Update

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DSRIP Updates



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- DSRIP 1.0 Success
- DSRIP 2.0 April DY8 Preliminary Reporting Results
- DSRIP in DY8
- Planning for DY9-10



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DSRIP 1.0 Successes

DSRIP 1.0

- Demonstration years (DY) 2 – 6
- Project based reporting with some associated outcomes



Common Types of DSRIP 1.0 Projects

- For DSRIP 1.0, each provider proposed projects based on community needs.
- Most common project areas
 - Behavioral Health
 - Primary Care Expansion/Redesign/Patient Centered Medical Homes
 - Patient Navigation/Care Coordination/Care Transitions
 - Chronic Care Management
 - Health Promotion/Disease Prevention

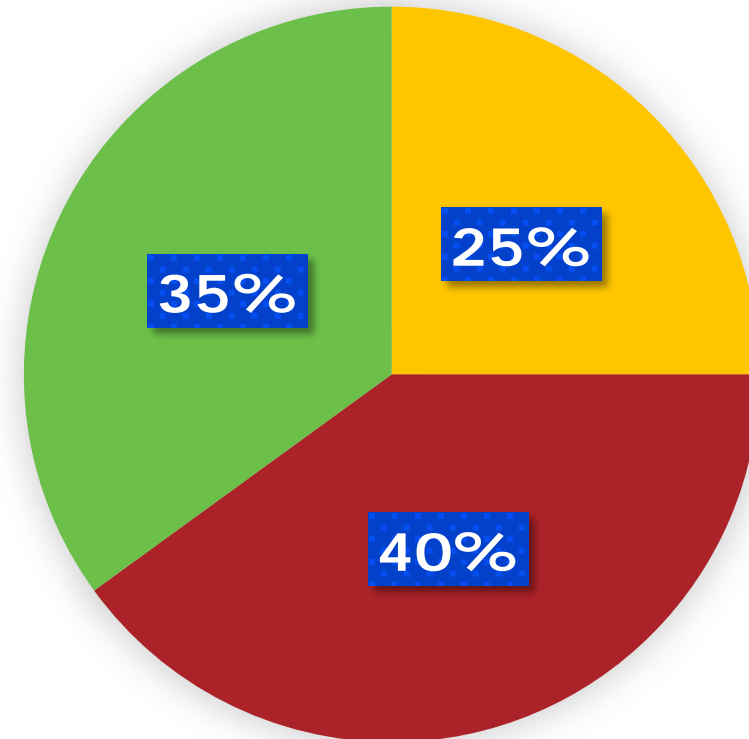


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DSRIP 1.0: Increased Access to Care

- For demonstration years 3-6, DSRIP projects served 11.7 million people and provided 29.4 million encounters (projects either measured individuals or encounters, figures may be duplicated across projects). Of that impact, about 40% was low-income/uninsured individuals.

Share of DSRIP Quantifiable Patient Impact, DY3-6



■ Medicaid ■ Low-Income/Uninsured ■ Other



DSRIP 1.0: Improvement in Measures of Healthcare Quality (Category C)



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Provider Type	Total Measures with P4P in DY6	100% Achievement of DY6 Goal	25% - 75% Achievement of DY6 Goal
Hospital	1151	78%	8%
Physician Practice	212	74%	13%
Community Mental Health Center	328	84%	10%
Local Health Department	100	88%	5%
ALL	1792	79%	9%

DY6 Category 3 Outcome Highlights



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Measure	Projects with Selected P4P Outcome	Projects Reporting 100% Achievement of DY6 Goal	Projects Reporting 25% - 75% Achievement of DY6 Goal	Median Improvement*
IT-1.10: Diabetes care: A1c Control >9.0%	103	83%	5%	23%
IT-1.7: Controlling high blood pressure	72	89%	0%	23%
IT-3.22: Risk Adjusted All-Cause 30-day Readmission	53	68%	13%	20%
IT-3.3: Risk Adjusted CHF 30-day Readmission Rate	48	79%	0%	21%
IT-1.13: Diabetes care: Foot exam	37	89%	3%	55%
IT-1.11: Diabetes care: BP control (<140/90mm Hg)	34	85%	0%	23%
IT-1.18: Follow-Up After Hospitalization for Mental Illness	25	84%	8%	42%

*Median gap closure in Performance Year (PY) 3B between baseline and perfect for outcomes reporting >25% achievement of the DY6 goal in PY3B



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DSRIP 2.0 April DY8 Preliminary Reporting Results

DSRIP 2.0

- Demonstration Year 7 - 10
- Beginning in DY 7 (October 1, 2017), DSRIP evolved from project-level reporting to provider system-level reporting on healthcare quality measures.



DSRIP 2.0 Most Selected Quality Measures

- Improved chronic disease management (diabetes and heart disease)
- Primary care and prevention
- Patient navigation, care transitions and emergency department diversion
- Improved maternal care and safety
- ~2800 measure selections being reported statewide



April DY8 Reporting Category C Results

- April 2019 was the first opportunity to report performance data for selected Category C measures.
- Based on preliminary reporting numbers, of the more than 2000 measures with a standard CY2017 baseline that reported Performance Year (PY) 1 in April DY8,
 - 76% Reported 100% Achievement of the DY7 goal
 - 5% reported 25 – 75% Achievement of the DY7 goal



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DSRIP in DY8

Category A: Costs & Savings

- Providers with valuation of at least \$1 million per DY are required to do this analysis
- Analysis is done on at least one Core Activity of provider's choice
 - Report on forecasted or generated savings of that Core Activity
 - Providers can also analyze a component of a Core Activity, if it is too broad
- Analysis should include costs and savings specific to the provider's organization, and other providers if the information is available and if it is relevant to the intervention that is being examined



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Costs & Savings: Why do we need it?

- Providers can use this analysis to negotiate with Medicaid Managed Care Organizations or any other payers
 - Can be used to support Alternative Payment Model arrangements
- Providers can use this analysis internally for a decision-making process
 - Report on forecasted or generated savings of that Core Activity
- Reporting may be used for analysis that could help inform future policy
 - Identification of Core Activities that have a positive return on investment

Costs & Savings: Guidance

- HHSC released its Cost and Savings Reporting Guidance in August of 2018
 - It is posted on the bulletin board under Category A resources
 - Updated guidance expected this week
- Providers can do a Cost-Benefit Analysis (CBA) or Return-on-Investment (ROI) analysis
 - ROI measures attractiveness of an investment
 - CBA attempts to quantify both costs and benefits to an impacted population
- Providers should contact HHSC if they have strong examples that can be shared with other providers.



Costs & Savings: Reporting

- October DY7 reporting included a status update; and October DY8 – final analysis
- DY7 reporting
 - Providers answered questions related to Cost and Savings analysis tool, selected Core Activity, and identified challenges
- DY8 Reporting
 - Complete attachment A: Costs and Savings Narrative Template
 - A completed Costs and Savings tool
- If a provider analyzes multiple Core Activities, each activity should have a corresponding tool and a separate narrative



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Category C Interim Corrections

- The interim correction period is an opportunity to submit corrections to previously reported Category C data outside of the April or October reporting periods.
- Providers can submit corrections if needed to previously reported baselines and/or performance year data during the Interim Correction Period.
- The next interim correction period will be July/August.



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October DY8 Reporting

1. Category A Required Reporting (Cost & Savings, Core Activities, VBP, Learning Collaborative Attendance)
2. Category B PPP
3. Category C
 - a. PY1 if not already reported
 - b. RY2 for Innovative Measures
 - c. AIMPlus Participation Reporting for E2-A01
4. Category D
 - a. Reporting Domains not submitted in April DY8



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Planning for DSRIP DY9-10

DY9-10 Program Funding & Mechanics Protocol (PFM)



- The same overall framework has been requested for Categories A, B, C, and D
- Submitted to CMS in March
- HHSC is currently negotiating with CMS on the PFM approval
- Approvals for DY9-10 Protocols are separate from the transition plan

DY9-10 Measure Bundle Protocol (MBP)

- HHSC is reviewing Performance Year (PY) 1 results from CY18.
- Draft Measure Bundle Protocol will be available for public comment in June.
- HHSC must submit the DY9-10 MBP to CMS by 7/31/19.



Related Strategies

- HHSC has proposed adding a checklist of related strategies for each Measure Bundle for hospitals and physician practices and for each measure or group of measures for CMHCs and LHDs.
- The checklist may be used to examine related strategies across providers that may be linked to higher Category C achievement and may inform DSRIP evaluation.
- Related Strategies are connected to Category C Measure Bundle and measure selection, and are intended to capture broad improvement strategies (not limited to strategies implemented explicitly for DSRIP)



Example of Possible Checklist Items

Measure Bundle A1: Improved Chronic Disease Management: Diabetes Care L1-115/M1-115: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

- Diabetes self-management classes.
- Diabetes-specific cooking, nutrition counseling, or other diet-focused classes.
- Panel management of patients with diabetes.
- Automated workflows, reminders, or flags within the EHR/EMR for diabetes-specific care.
- Includes a community health worker on the care team.
- Partnering with community-based resources for patients with diabetes.
- Screening and partnerships related to social determinants of health



Estimated Timeline



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Estimated Date	Task
July 31, 2019	Measure Bundle Protocol submission to CMS
September 30, 2019	CMS approval of protocols
October 1, 2019	Posting of RHP Plan Update for DY9-10 templates, pending CMS approval of protocols
November 30, 2019	Anchors submit RHP Plan Updates for DY9-10
January 15, 2020	HHSC completes initial review of RHP Plan Updates and requests additional information
January 31, 2020	Anchors submit responses to HHSC requests for additional information
February 28, 2020	HHSC final approval or disapproval of RHP Plan Updates for DY9-10



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DSRIP Statewide Learning Collaborative

September 4th & 5th

Austin Texas



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Questions?

E-mail: TXHealthcareTransformation@hhsc.state.tx.us

See HHS 1115 Waiver Site for Updates