

# REGION 10 RHP PLANNING, CLINICAL & QUALITY AND FINANCE COMMITTEES

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August 23, 2012

## Today's Agenda

- HHSC Updates
- RHP Status Check
- Region 10 DSRIP Projects: A Deeper Dive
  - Summary of Region 10 projects
  - Technical Feedback and Project Gap Analysis
  - Five Year Goals - Trends and Alignment with:
    - Community Health Needs
    - Delivery System Gaps
    - Waiver Goals
- Region 10 DSRIP Projects: Next Steps
  - Opportunities for collaboration and risks for duplication
- Finance updates

# HHSC UPDATES

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## HHSC Anchor Call, August 17th

- See handout

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# RHP STATUS CHECK

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## Status of Performing Provider Deliverables

- Past Community Needs Assessments and any other data related to community needs
- PPRA
- Affiliation Agreements
- Evidence-based studies
- Federally funded initiatives
- Baseline data
- August 3<sup>rd</sup> Interim DSRIP Plans
  - Category 1 and/or Category 2, Category 3

Please submit all required deliverables by Thursday, August 30<sup>th</sup>

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# REGION 10 DSRIP PROJECTS: A DEEPER DIVE

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## Summary of Region 10 Projects

See Summary Table of DSRIP projects/Project Area and County (Table #1)

### 16 Performing Providers

- 10 Hospitals
- 4 MHMRs
- 1 Academic Science Center
- 1 Public Health Entity

### 105 Unique\* Projects

- 37 Category 1 projects
- 56 Category 2 projects
- 12 Category 3 projects

\*Projects that spanned multiple counties were counted as more than one to fully capture the project coverage per county

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## Top Project Areas Selected

- Top Category 1 project area chosen:  
Expand Primary Care Capacity
- Top Category 2 project area chosen:  
Integrate Physical and Behavioral Health
- Top Category 3 project area chosen:  
Severe Sepsis Resuscitation and Management

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## Technical Feedback

Common issues in the projects submitted:

- Not using the specific language provided by the DSRIP Planning Protocols (menu)
- Mixing metrics and milestones that are not paired in the menus
- Choosing different improvement measures year to year
- DSRIP projects not tied to a community need
- Five-year goals were not specific, measurable and/or tangible

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## Project Gap Analysis

Regional trends include:

- No projects submitted by providers in Navarro and Parker Counties
- Need for baseline data, clear health need identified within the narrative (often cited as “TBD”)
- Need more specificity regarding collaboration and other partners in the project

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## Five Year Goals – Trends and Alignment: Community Health Needs

- See Summary Table of Identified County Health Needs vs. Project Five-Year Goals (Table #2)
- Common themes across provider projects include:
  - Providers did address identified community needs with their projects but did not cover all needs
  - Four counties' providers have projects that do not address a (yet) identified community health need
  - The areas of need addressed by the most projects were behavioral health and patient education/navigation programs

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## Five Year Goals – Trends and Alignment: Delivery System Gaps

- See Summary Table of PPRA vs. Project Five-Year Goals (Table #3)
- Common themes across provider projects include:
  - DSRIP projects addressed the majority of the provider gaps identified in the PPRAs collected
  - Tarrant, Ellis, Somervell and Wise used DSRIP projects to address all their currently identified capacity gaps from the PPRA

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## Five Year Goals – Trends and Alignment: Waiver Goals

- See Summary Table of Waiver Goals vs. Project Five-Year Goals (Table #4)
- Common themes across provider projects include:
  - The top three waiver goals addressed by the region's DSRIP projects were:
    - 1) Increase access to health care
    - 2) Improve quality of care
    - 3) Lower costs through improvements
  - Improve population health was the least addressed waiver goal (8 total projects in the region)

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# DSRIP PLANS: NEXT STEPS

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Technical assistance

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## Opportunities for Collaboration

- Many providers identified potential partners for collaboration.
  - Need to start thinking about next steps for establishing partnerships
- Many providers are also working on similar project interventions.

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## Potential Risks for Duplication

- Potential duplication of patient population:
  - Look to Table 1 for project areas/interventions with a high concentration of DSRIP projects in the same counties/neighboring counties

### Examples:

1. Integrate physical and behavioral health care in Tarrant County
2. Implement and expand care transitions programs in Tarrant County

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## Next Steps for Developing Projects

- Second project submission based on initial feedback due to RHP – August 30, 2012
- RHP reconciliation of:
  - Program Funding and Mechanics Protocol
  - DSRIP Planning Protocols (menus)

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# FINANCE UPDATES

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# UPCOMING MEETINGS

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## Please mark on your calendars

- NEW Joint Meeting: Wednesday, September 5<sup>th</sup>, 9:00am-11:00am
- Thursday, September 13<sup>th</sup>
- Thursday, September 27<sup>th</sup>

Meetings may continue through October, depending on when the state releases the finalized protocols.

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## Timeline

Performing providers submit edited and revised DSRIP projects

August 30, 2012

Regional draft Community Needs Assessment sent to providers for feedback/additions

August 30, 2012

Receive all deliverables from performing providers

August 30, 2012

RHP Committee Meeting

September 5, 2012

Providers send feedback/additional data for draft regional CHNA

September 5, 2012

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## Timeline (cont.)



## HOMEWORK & AGENDA FOR NEXT MEETING

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## Next Agenda & Meeting Schedule

- Homework
  - Please send revised DSRIP project plans by August 30<sup>th</sup>
  - Please continue to send in your Category 3 projects
  - Please continue aggregating your evidence base and sending in the federally funded initiatives in your service area
- Meeting Schedule
  - 2<sup>nd</sup> & 4<sup>th</sup> Thursday of each month
  - Time: 9:00am-10:30am (Clinical & Quality; Finance)
  - Time: 10:30am-12:00pm (Planning)
  - Location: The Riley Center - Southwestern Baptist Theological Seminary

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## QUESTIONS

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## Contact information

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- JPS Locations
- Leadership
- History
- JPS Foundation
- Just Plain Sensational Employees
- Join Our Team
- Public Notices
- News and Events
- Innovative Technology
- Supplier Diversity Program



**1115 Medicaid Waiver Updates**

The Texas Health and Human Services Commission (HHSC) is now proceeding with implementation of a five-year Section 1115 Medicaid Waiver, Texas Healthcare Transformation and Quality Improvement Program: Medicaid 1115 Waiver, which was approved by the Centers for Medicare and Medicaid Services (CMS) in December of 2011. Through this Waiver, we have an unparalleled opportunity to re-shape health care in our communities and improve access to quality, affordable care. As the public health care system for our region, JPS Health Network will serve as the anchor facility.

Planning and implementation of Waiver activities will be achieved through the development of Regional Health Plans. In the coming weeks, as the Tarrant County region is formalized, additional information will be posted on this web page, including an overall project timeline and information regarding stakeholder engagement.

In order to develop the most effective Regional Healthcare Partnership proposal to deliver better care at a lower cost to our patients and communities, JPS will issue a regional health plan assessment Request for Proposal (RFP) and planning process. This process is designed to ensure transparency in the development of a Regional Healthcare Partnership proposal that will represent the best interests of our region, while delivering value to patients, our state