



DSRIP Category 3: Revised Framework and Baseline Reporting

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- Development of Category 3 outcomes
- Category 3 framework
- Category 3 outcome selection trends
- Current Category 3 activities
- Baseline data collection and reporting
- Next steps

TX DSRIP Category 3

- Texas DSRIP Category 3 represents the outcomes associated with each Category 1 or 2 project and will be important to help demonstrate how the waiver is helping to improve the Texas healthcare delivery system.
- A revised Category 3 framework and menu of outcome measures was finalized in February 2014 to offer outcomes for the wide array of Texas providers and projects and to standardize achievement goals.
- Category 3 baselines are to be established by the end of Demonstration Year 3 (DY 3) on September 30, 2014 in order to demonstrate improvement over baseline in DY4-DY5.
- A significant portion of DSRIP funds must be earned in the later waiver years based on Category 3. Category 3 is eligible for one-year carry forward and achievement milestones are eligible for partial payment for progress toward the goal.

The Lifecycle of TX Category 3

- Category 3, 1st Ed.:
 - Released with the initial RHP Planning Protocol in October 2012
 - 14 Outcome Domains (ODs) and 116 measures
 - No specific patient satisfaction or quality of life tools included, allowed for “other” outcomes in each domain
 - Limitations: Lacked standardization across outcomes, and difficult to define outcomes without agreed upon framework
- Category 3, Final Ed.:
 - Released February 2014 with framework, menu of outcomes, and detailed measure specifications
 - 15 ODs and 356 measures
 - OD-11 changed to address behavioral health needs; added OD-15 to address HIV, TB, and STIs focused projects
 - Specific approved patient satisfaction (OD-6) and quality of life surveys (OD-10 & OD-11)

Category 3 Framework

- Each outcome is designated as:
 - Standalone: Clinical or health outcome related measures (e.g. reduction in HbA1c levels)
 - 223 outcomes
 - OD-5 (7) outcomes considered Standalone for Project Area 2.5 (Innovations or Improvements in Cost of Care) projects
 - Non-Standalone: Process related measures (e.g. screening for breast cancer)
 - 126 outcomes
- Each Category 1 or 2 project required to have:
 - At least 1 Standalone outcome, or
 - At least 3 Non-Standalone outcomes, or
 - A combination of at least 1 Standalone and any number of Non-Standalone outcomes

Category 3 Framework, cont'd

- Pay for Performance (P4P) Outcomes
 - Providers receive incentive payments for improvements in the selected outcome across demonstration years (DYs).
 - These measures often include extensive validation testing and are widely used in the quality field (e.g., HEDIS measures)
 - Goal setting from baseline (DY3) to DY4 and DY5 is structured:
 - Quality Improvement System for Managed Care (QISMC):
 - 10% (DY4) and 20% (DY5) gap reduction between current performance and the High Performance Level (HPL)
 - Improvement Over Self (IOS):
 - 5% (DY4) and 10% (DY5) gap reduction between current performance and perfect measure performance (100% or 0%, measure directionality dependent)
 - Category 3 menu includes 254 P4P outcomes

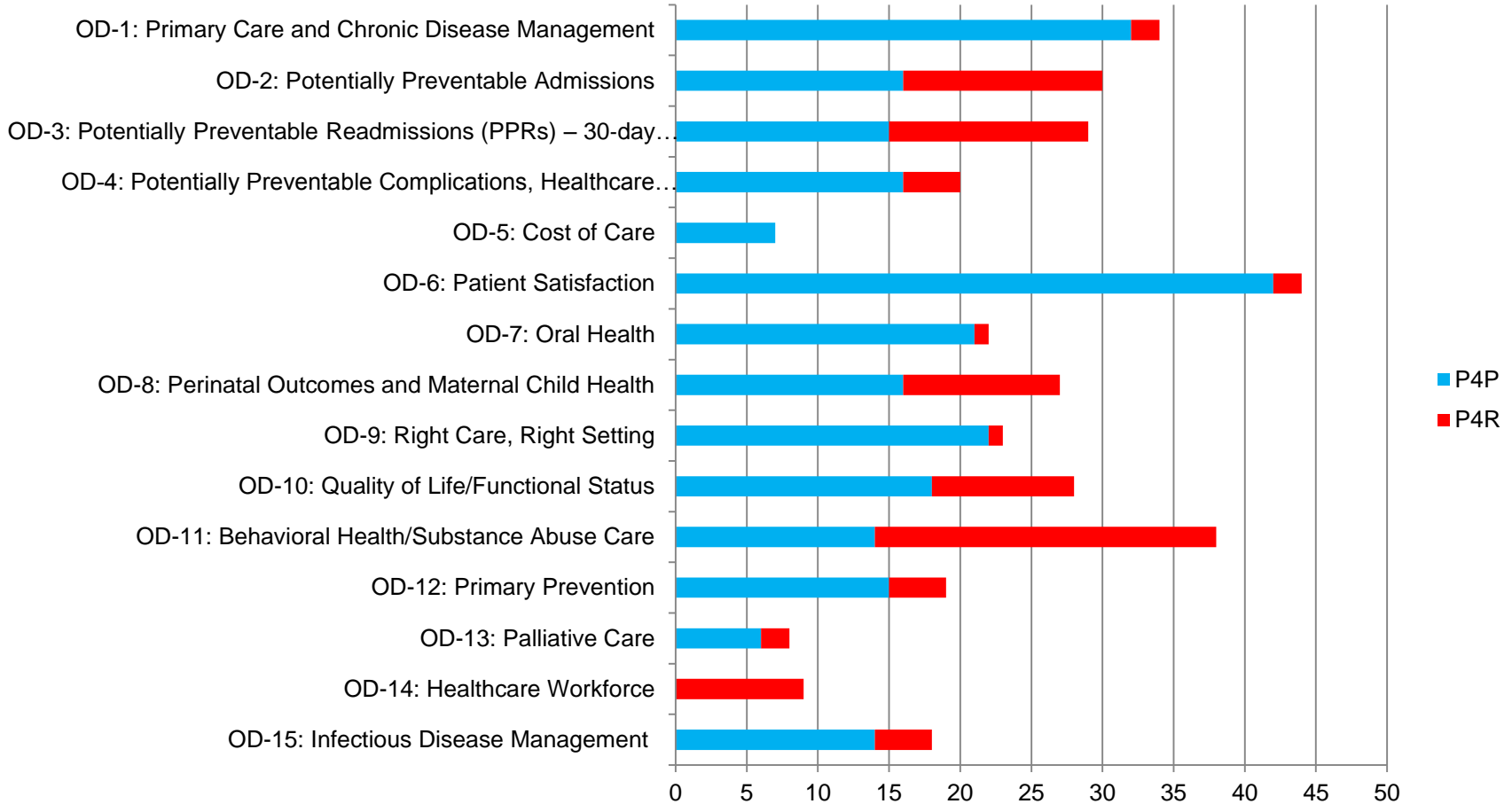
Category 3 Framework, cont'd

- Pay for Reporting (P4R) Outcomes
 - Providers report measure performance in DY3 through DY5 for these ‘exploratory’ outcomes; additionally, providers must complete an Alternate Improvement Activity (AIA) no later than DY5:
 - Population Focused Priority (PFP) Measures
 - Validated outcomes that represent a healthcare system priority though it may not directly relate to the goals of the associated Category 1 or 2 project.
 - These are the preferred AIAs for Hospital, Community Mental Health, and Academic Health Science Center providers
 - Stretch Activities
 - Structured activities related to improvements in data capacity, infrastructure, or processes
 - Category 3 menu includes 102 P4R outcomes

Category 3 Framework, cont'd

	DY4	DY5
P4P Outcomes	<p>Process Milestone (PM) 10: 50% of DY4 allocation for reporting P4P measure to specifications</p> <p>Achievement Milestone (AM) 1: 50% of DY4 allocation for demonstrating improvement over baseline</p>	<p>AM 1: 100% of DY5 allocation for demonstrating improvement in P4P measure over baseline</p>
P4R Outcomes	<p>PM 10: 100% of DY4 allocation for reporting P4R measure to specifications</p>	<p>PM10: 50% of DY5 allocation for reporting P4R measure to specifications</p> <p>Alternate Improvement Activity (AIA) AM 2: 50% of DY5 allocation for demonstrating improvement in a Population Focused Priority Measure <i>OR,</i> PM 11: 50% of DY5 allocation for reporting as required on a stretch activity</p>

Distribution of P4P and P4R Outcome Options

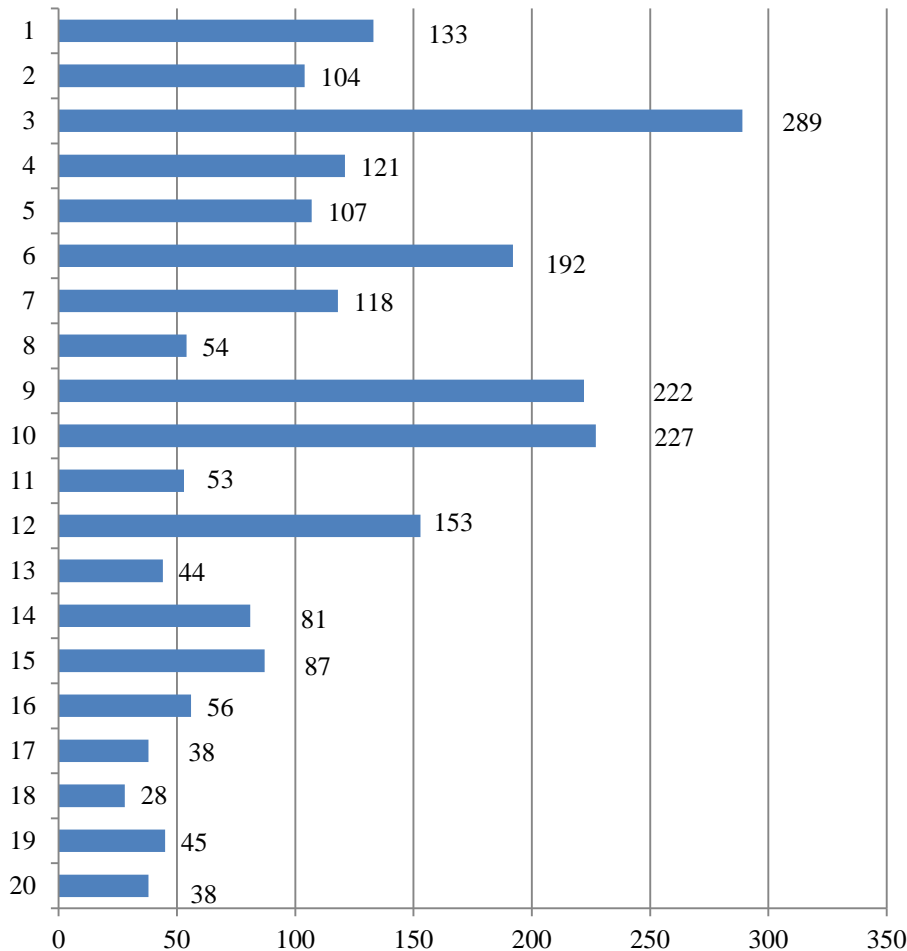


Outcome Selections

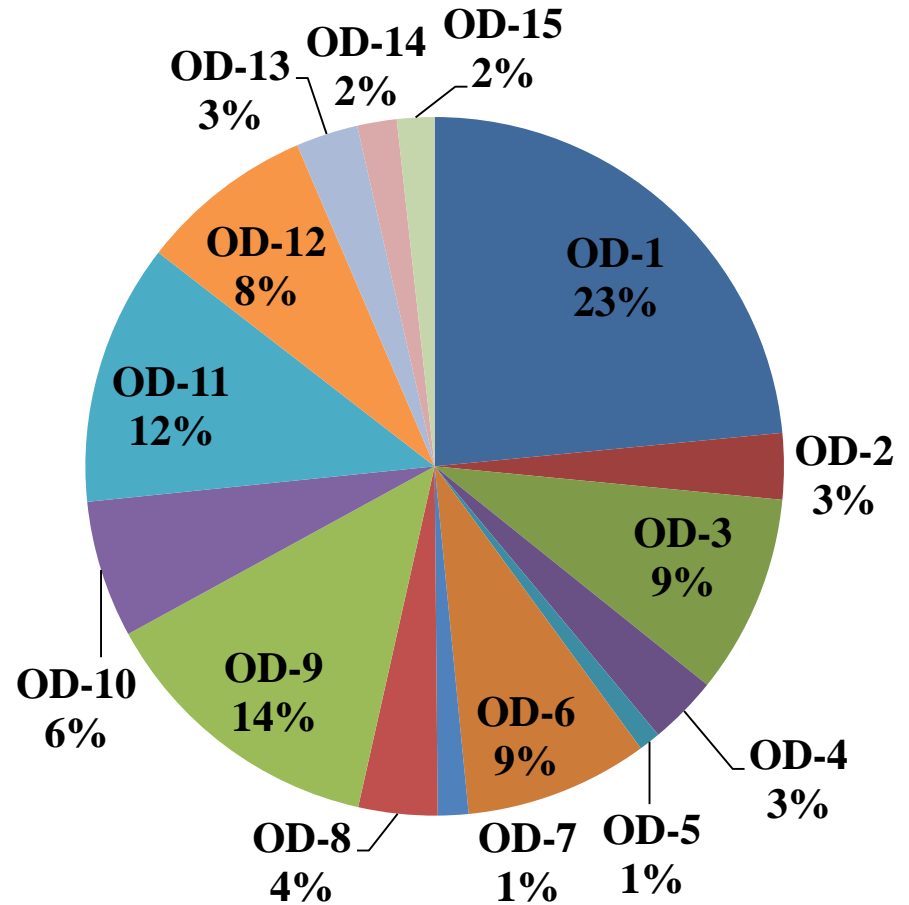
- DSRIP providers proposed Category 3 outcomes for each Category 1 or 2 project in March 2014.
- HHSC reviewed these proposed outcomes, including a round of comprehensive feedback to providers.
- In August 2014, a total of 2190 Category 3 outcome measures were selected for use.

RHP and OD Distribution of Category 3 Outcomes

of Category 3 Outcomes by RHP



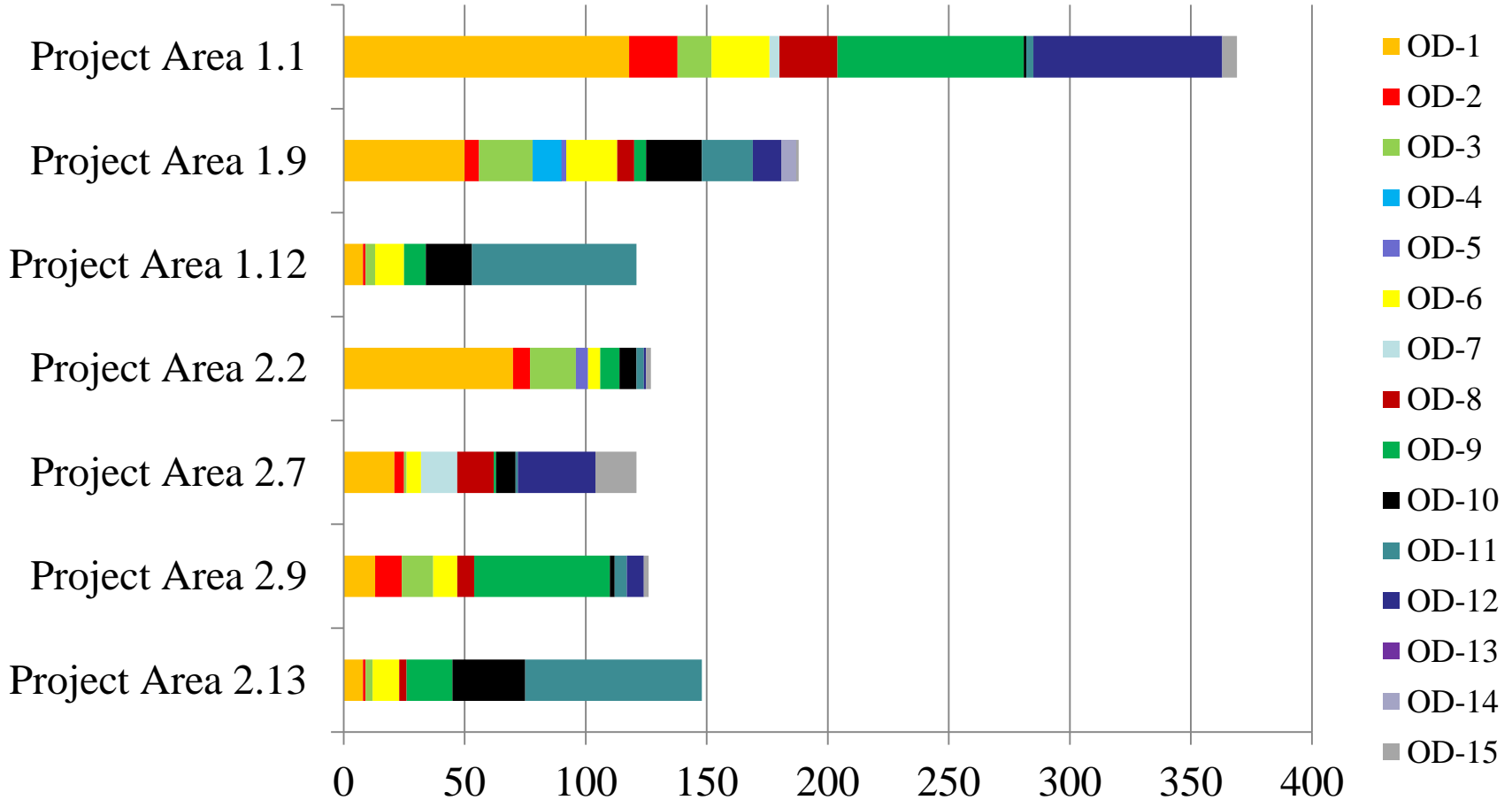
Category 3 Outcomes by OD



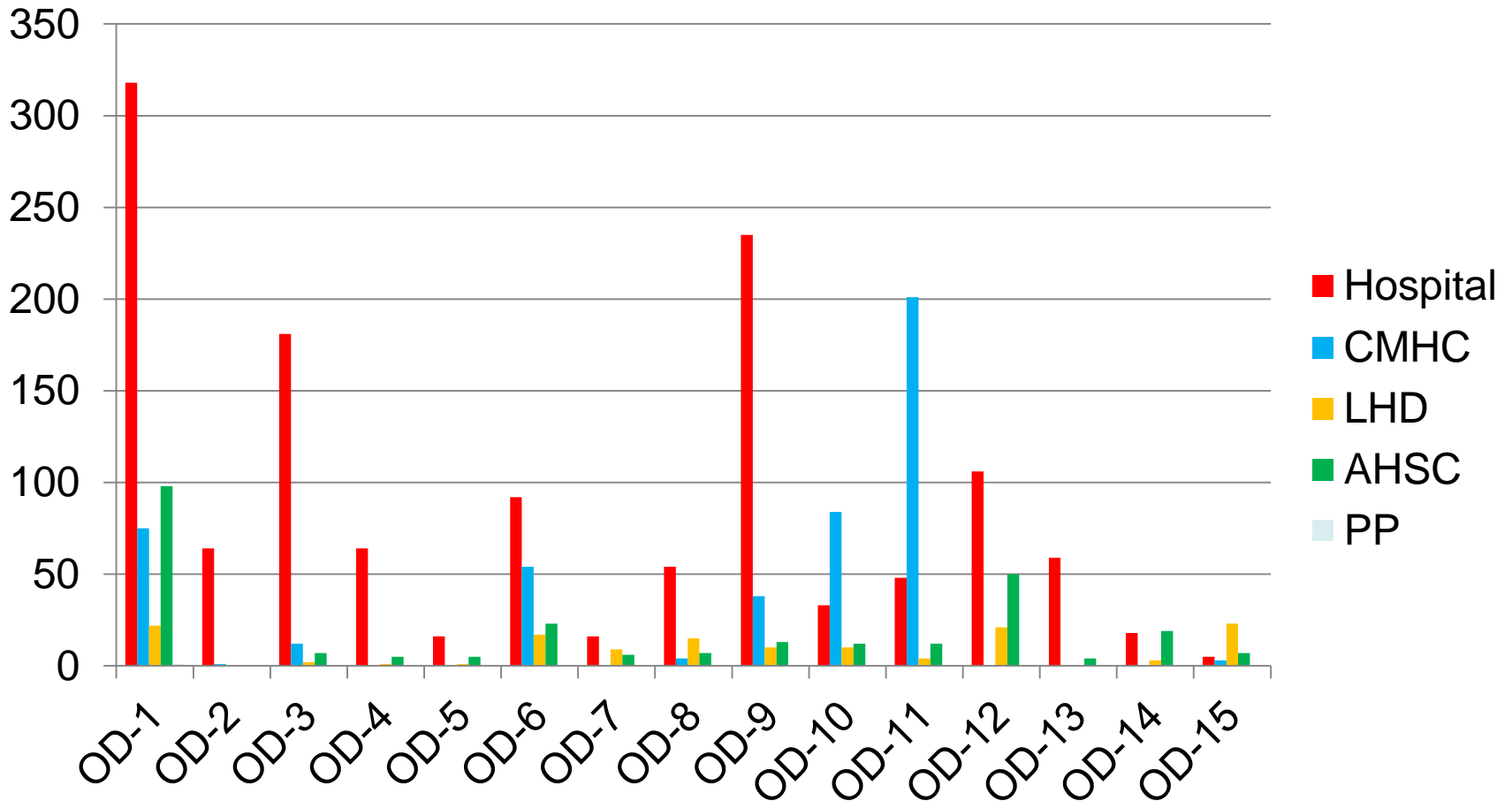
Most Frequently Selected Outcomes

Outcome ID	Outcome Title	#
IT-1.10	Diabetes care: HbA1c poor control (>9.0%)	111
IT-1.7	Controlling high blood pressure	74
IT-9.2	Reduce Emergency Department (ED) visits for Ambulatory Care Sensitive Conditions (ACSC) per 100,000	67
IT-6.2.a	Client Satisfaction Questionnaire (CSQ-8)	49
IT-3.3	Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	47
IT-3.1	Hospital-Wide All-Cause Unplanned Readmission Rate	45
IT-11.26.e.i	Patient Health Questionnaire 9 (PHQ-9)	38
IT-1.13	Diabetes care: Foot exam	37
IT-1.11	Diabetes care: BP control (<140/90mm Hg)	35
IT-11.26.c	Adult Needs and Strength Assessment (ANSA)	35

Most Commonly Selected Outcomes by Category 1 or 2 Project Area



Selected Category Outcome Domains by Provider Type



Current Category 3 Activities

- Category 3 Compendium Revisions
 - Updating/clarifying measure specifications
 - OD-2 & OD-3: Including a description of risk adjusting methodologies
 - OD-10 & 11 surveys: Including the “Pre- and Post-testing” methodology
 - Adding outstanding outcomes
 - Adding DY4 and DY5 achievement level calculations for P4P measures
- Category 3 Baseline Reporting “Companion”
- Baseline Reporting
 - Baselines may be reported during the October 2014 reporting period
 - Baselines must include 6-12 consecutive months of data between 09/01/12 – 09/30/14

Baseline Data Collection and Reporting for Category 3 Outcomes

Outcomes and Continuous Quality Improvement

Providers should develop data structures with the two goals in mind

- Fulfilling reporting requirements
 - Archiving algorithms, responding to all template sections, database integrity testing, standardization of data abstraction methods and definitions.
- Informing continued project development and program evaluation
 - Determine data points that can be used to stratify outcome results
 - Identify other ‘outcomes’ of interest and track them concurrently
 - Maintain cohorts between the system wide population, target population and intervention population as appropriate to determine intervention impact AND spread.
 - Dig deeper! Outcome data does not tell the whole story. Context is needed to describe the impact of these projects.
 - Tell your story with data. What works, including why and how? What doesn’t work, for who and why not?
 - Make adjustments to your intervention based on your findings using plan/do/study act (PDSA) cycles

Reporting Category 3 Milestones in October

- Milestones carried forward from DY2
 - Providers should use the DY2 Category 3 Status Report template to fulfill achievement of these milestones
- PM-8: Submission of DY3 Status Report
 - If not submitted in April 2014, providers should submit this form in October 2014 for 50% of the DY3 payment allocation for each outcome
- PM-9: Successful reporting and validation of baseline rates
 - Providers will submit the Category 3 baseline template for each outcome to achieve this milestone

Baseline Reporting Tools

- **Baseline reporting template**
 - Pre-populated with Category 3 project IDs, approved outcomes and subsets and selected alternate achievement activities when appropriate
 - Baseline workbook is at the provider level and is organized by Category 1 or 2 project
 - Providers will use the template to submit baseline information during the October 2014 reporting period

Category 3 Baseline Reporting Tools, cont'd

- Baseline reporting “companion” document
 - Detailed instructions on completing the baseline template
 - Goal setting in DY4 and DY5
 - Guide to the qualitative questions
 - What type of documentation should be retained for audit purposes
 - Issues specific to certain projects/outcomes:
 - How-to guide for risk adjustment without vendor support
 - Survey administration and scoring, including pre- and post-test scenario
 - Using proxy populations or shorter measurement periods to determine baseline rates
 - Requests for alternate achievement levels in extenuating circumstances

Category 3 Baseline Reporting Tools, cont'd

- Final Category 3 Compendium
 - Detailed measure specifications for each Category 3 outcome
 - Providers should consider these the authoritative specifications for DSRIP projects
 - When there is ambiguity for an outcome, the provider should use best judgment to create data definitions, which may include referring to the references for the measure steward (included in the compendium). The provider should maintain records of any assumptions and resulting codes used to abstract data.

Walk Through of Baseline Reporting Template

- Organization of workbook
- Determining progress (complete and incomplete indicators)
- Step by step instructions

Potential Issues When Reporting Category 3 Baselines and Achievement

Baseline Data Constraints

- Unable to collect 6 months of baseline data by September 30, 2014
 - 6 months of data collected within the DY3 measurement period but analysis will not be complete by end of DY3
 - HHSC encourages use of the carry forward option to report baseline in April 2015
 - Solutions if unable to collect 6 months of data by September 30, 2014:
 - Use a shorter measurement period
 - Determine an appropriate proxy population
 - Carry forward baseline measurement period into DY4
 - Measure will be re-designated as P4R. The Alternate Improvement Activity that is required in DY5 will be a 20% improvement for QISMC outcomes or 10% improvement for IOS outcomes over baseline reported in DY4.

Baseline Data Constraints

- At the time of baseline reporting the denominator size is less than 30 cases (with some exceptions in OD-4 Patient Safety measures)
 - HHSC will re-designate the measure a P4R measure for that project
 - Provider will be required to report rate in DY4 and DY5 AND complete Stretch Activity #3 (outcome evaluation) during DY5
 - **Rationale: Improvements among small samples may be due to chance. The proposed scenario allows providers to continue to report on their selected outcome while still providing an opportunity to describe related impacts to the intervention population.**

Risk-Adjusted Measures

- Utilize a vendor that supplies risk-adjusted rates
 - Ideal if this relationship already exists at the organization level
 - Comparison group is all healthcare providers (i.e. hospitals) participating with that vendor
- Utilize Texas Medicaid Potentially Preventable Event norms
 - Comparison group is all Texas hospitals' performance in 2012
- Create norms from 2 years' worth of internal historical data
 - Comparison group is self
 - May be costly and resource intensive to develop these norms

Requesting Alternate Achievement Levels

- In extenuating circumstances, a project may request an alternate Category 3 achievement level rather than the standard methodologies
- In some cases, a project may serve a drastically sicker and/or distinct population than the population used to determine the outcome benchmark
- For P4P outcomes where the target setting methodology is QISMC, this difference may hinder the provider's ability to earn Category 3 funds
- The provider may request an alternate HPL be used for these projects; however, the recommendations should be supported by recent and robust findings from the literature

Requesting Alternate Achievement Levels

- As the Category 3 framework describes, outcomes generally are to be reported on a population larger than the intervention population. This larger population should reflect the Category 1 or 2 project target population (those that could be served by the project vs. those actually served by the project).
 - For some projects, providers may have an outcome for which the denominator is significantly larger than the patients served by the project. This may create challenges when trying to “move the needle” in these larger target populations.
 - To help address this, providers could use denominator subsets to help tailor the denominator to better reflect the project (e.g. diagnosis, project location, demographic factors)

Requesting Alternative Achievement Levels

- If at the time of baseline reporting, the ratio of the cumulative quantifiable patient impact (QPI) for the project (DY3-DY5) to the Category 3 denominator is less than 0.25 AND there are no other appropriate denominator subsets to be applied, the provider may request an alternate achievement level
- Goals will be set by HHSC in the following manner: $\text{Goal} = (\text{Standard goal \%} - ((\text{QPI}/\text{Denominator}) \times 2))$.
 - For example, in the case of an IOS outcome, the DY4 standard achievement would be 10% over baseline. For a QPI/denominator ratio of .10 the goal would be equal to .20 times 10% resulting in 2% improvement over baseline.

- **Category 3 Achievement Level / Goal Setting**
 - Following baseline submission, HHSC will calculate DY4 and DY5 achievement goals for providers
 - HHSC will work with providers requesting alternate achievement levels to establish DY4 and DY5 goals
- **Technical Assistance**
 - HHSC will continue providing technical assistance as needed
 - Submit questions to the HHSC Waiver mailbox:
TXHealthcareTransformation@hhsc.state.tx.us