

## Draft - Category 3 'Alternate Improvement' Activities

**Intended use:** *For those providers that select a category 3 outcome that is designated as Pay for Reporting (P4R), the list below describes activities they may choose from to engage in no later than DY5. In DY5, providers will report progress as it relates to the selected activities in DY5 in order to be eligible to receive the remaining 50% of their DY5 allocation for the associated Category 3 P4R project (the initial 50% is allocated to proper reporting of the P4R measure in DY5).*

Instructions for selecting an Alternate Outcome Measure and Improvement Activity: Providers will specify and describe which of the activities below will be used to fulfill the improvement component for the Category 3 project in which the measure type is P4R. This designation will be made by providers during the process of Category 3 outcome selection (early March 2014). Providers may change their selected activity(ies) by submitting a plan modification in DY3 or DY4.

### Alternate Outcome Measures

- **Priority Population Focused Measures**

- Description: Demonstrate improvement in a selected Priority Population Focused Measure (PPF). These measures are divided up by Hospital providers, Academic Health Science Center (AHSC)/Physician Practice (PP) and Community Mental Health Center (CMHC) appropriate measures.
- How will achievement be demonstrated: **Providers will select a PPF measure from this list (hyperlink) and demonstrate improvement in that outcome in DY5 relative to baseline rates.** Providers will submit a baseline for their selected measure in either DY3 or DY4 and this baseline will be used to determine achievement goals for DY5. Category 3 improvement methodologies have been specified as a hybrid Quality Improvement System for Managed Care (QISMC) or Improvement over Self (IOS) and each of these alternate measures apply to one of these two methodologies (detailed in alternate measures list). More detail on the QISMC methodology can be found here (hyperlink to target setting methodology). As previously described, partial payment for incremental achievement (i.e. 25% intervals) will be applicable to these alternate measures. Scenarios recommended for use: Hospital, AHSCs and CMHCs may select this measure if 1.) there is not an existing P4P Category 3 measure that is related to the associated Category 1 or 2 project; or 2.) there is a related P4P measure but providers are not able to report it per the specifications detailed in the Category 3 menu (e.g. risk adjusting PPEs).
- Considerations: \*\*For those hospital providers participating in Category 4 reporting, providers may submit the Category 4 rates provided by the State, OR rates calculated internally (e.g. 3<sup>rd</sup> party vendor or the modeling software for risk adjustment). The reported baseline rate and the DY5 rate must come from the same source, i.e., either Category 4 reports or internal risk adjusted rates.

## Alternate Improvement Activities- Stretch Activities

### ○ SA1- Validation of P4R measure

- Description: Collaborate with other providers that are using the same Category 3 P4R measure(s) to normalize data and develop/validate performance benchmarks. For example, providers who have selected the NICU days per delivery (IT-8.13- P4R) may decide to pool their data to look at rates and determine benchmarks based on the aggregate data.
- How will achievement be demonstrated: In DY5, providers will submit a **report** detailing collaborative participation, including: how the collaboration was formed, shared goals, provider activities related to the collaboration, findings from the process of normalizing and validating data/benchmarks, benchmark utility and/or limitations, and a discussion of how this activity has changed internal capacity (of the provider) around data infrastructure.
- Scenarios recommended for use: Providers may opt to select this activity when the measure that is the best fit for their associated Category 1 or 2 project is a P4R measure.
- Considerations: When providers engage in this activity they will be advancing the knowledge of, evidence for and validation of these P4R measures.

### ○ SA2- Apply for National Quality Forum (NQF) Endorsement

- Description: Develop an evidence base for a performance measure relevant to the selected Category 3 selected P4R outcome for the Category 1 or 2 Performance Improvement Project and submit it to the National Quality Forum (NQF) for endorsement.
- How will achievement be demonstrated: In DY5, providers will **submit to HHSC a copy of the performance measure submittal to NQF for endorsement**.
- Scenarios recommended for use: Providers may opt to select this performance activity when the outcome that is the best fit for their associated Category 1 or 2 performance improvement project is a P4R measure and is not already NQF endorsed.
- Considerations: Provider should review NQF submission standards and timelines to identify if they need to submit endorsement of the new performance measure in response to NQF “Call for Measures” or through the “Open Submission Process”  
[http://www.qualityforum.org/Measuring\\_Performance/Submitting\\_Standards.aspx](http://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx)

- **SA3- Alternative Approaches to Program and Outcome Linkages**
  - Description: **Report** on project specific improvements related to the intervention population (i.e. describe changes in service utilization and patient outcomes as a direct impact of the project). When appropriate, the report should include a discussion of both the intervention population (the individuals captured in the Category 1 and 2 project QPI milestones) as well as the broader target population and/or facility population (when different than the intervention population). In addition, providers are encouraged to present these findings at regional and state Learning Collaboratives. These activities should also be detailed in the report.
  - How will achievement be demonstrated: In DY5, providers will submit a report describing the project using one or more of the following approaches:
    - **Quantitative**
      - **Targeting Outcomes of Programs-** Tracking progress toward achievement targets; evaluating degree to which programs impact targeted conditions. *Uses: Program design and evaluation*
    - **Qualitative**
      - **Logic Model Development-** Describe the theory of change for the intervention with inputs, outputs, activities, influential factors, short, medium, and long term outcomes
      - **Scales and Ladders-** Graphic tool that centers around a series of scales and their placement within a matrix designed to illustrate progress along a continuum of stages. *Uses: Demonstration of aggregate progress; measuring concepts that are not easily quantified*
      - **Results Mapping-** Outcome-based evaluation tool designed to systematically capture otherwise non-quantifiable anecdotal evidence. *Uses: Turning anecdotal information into a useful tool for program presentation, evaluation, and assessment*
      - **Program Results Story-** Uses stories to capture organizations' achievements and present them in a results-based format. *Uses: Presenting program and results to multiple audiences.*
  - Scenarios recommended for use: Providers may opt to select this activity when there is not a P4P measure that is related to their Category 1 or 2 project and the provider would like to build a foundation for program evaluation related to the intervention population.
  - Considerations: If there is another outcome evaluation framework that would be more appropriate for the project population, providers should describe the model/approach and why it is the best fit for this activity.

- **SA4- Emergency Department Improvements**
  - Description: Participate in national or regional initiative focused on improving and/or facilitating appropriate utilization of Emergency Department (ED) services
  - How will achievement be demonstrated: In DY5, providers will submit a **report** detailing initiative aims, participation, changes implemented, and quantitative assessment of impact on service delivery and patient outcomes (e.g., change in use of ED for non-emergency conditions).
  - Scenarios recommended for use: This activity can be selected in those scenarios where an ambulatory service based Category 1 or 2 project has a stated goal of reducing inappropriate ED utilization but the provider is unable to report any of the OD-9 measures per specifications due to limited data sets (i.e., does not have a full ED data set to report utilization).
  - Considerations: This activity is included to serve those providers doing outpatient projects that had intended to measure ED utilization only in their project population.
  
- **SA5- Regional exchange of public health surveillance data**
  - Description: Develop partnerships with other regional providers and exchange real time public health surveillance data
  - How will achievement be demonstrated: In DY5, providers will submit a **report** detailing these partnerships, coordination infrastructure, mechanisms and types of data exchanged and the resulting regional improvements. .
  - Scenarios recommended for use: This activity is recommended for Local Public Health Departments that are not able to identify a Category 3 P4P measure that is related to their Category 1 or 2 project.
  - Considerations: See DSHS resources at: <https://www.dshs.state.tx.us/mu/syndromic.aspx>
  
- **SA6- Community surveillance for at-risk and disparity groups**
  - Description: Conduct community surveillance identifying and defining at risk populations, outcome disparities, hypothesized changes as a result of regional DSRIP projects, and monitor changes/improvements (e.g. reduction in disparities) as a result of regional DSRIP projects.
  - How will achievement be demonstrated: In DY5, providers will submit a **report** describing surveillance goals, hypothesis, implementation processes, successes and lessons learned as well as any findings related to at risk and/or disparity groups. In addition, providers will work with regional providers to determine how regional DSRIP projects are impacting these groups and their health status or might be improved to increase benefits for surveillance population.
  - Scenarios recommended for use: This activity is recommended for Local Public Health Departments or other providers that have a large patient base

(such as large health systems) that are not able to identify a Category 3 P4P measure that is related to their Category 1 or 2 project.

- Considerations: Consider using these measures where a disparate or at risk group is a significant part of the population in terms of volume or health impact.

○ **SA7- Texas HIE participation**

- Description: Participate in the Texas Health Information Exchanges (HIE) - either through the Local HIE Program or the Texas White Space Program
- How will achievement be demonstrated: In DY5, providers will submit a **report** detailing participation activities, the impact to provider's data infrastructure, system improvements (specifically how involvement improved data infrastructure and reporting capabilities) and detailed plans for further enhancements.
- Scenarios recommended for use: This activity is recommended for providers that do not currently have the data infrastructure to report a Category 3 P4P measure to specifications.
- Considerations: Please visit the Texas HIE for requirements of participation- <http://www.hietexas.org/>

○ **SA-8\_ Data Governance Structure**

- Description: Data Governance is a system of decision rights and accountabilities which describe who can take what actions with what information, and when, under what circumstances, using what methods. Data Governance refers to the organizational bodies, rules, decision rights, and accountabilities of people and information systems as they perform information related processes. Governance brings together cross-functional teams to make interdependent rules or to resolve issues or to provide services to data stakeholders. These cross-functional teams – Data Stewards and/or Data Governors – generally come from the Business side of operations. They set policy that IT and Data groups will follow as they establish their architectures, implement their own best practices, and address requirements. Governance can be considered the overall process of making this work. The DGI framework below describes 10 Framework components that should be considered addressed across the implementation of Data Governance system.
- How will achievement be demonstrated: In DY5, providers will submit a **report** detailing all activities that have occurred within the organization related to Data Governance, in alignment with the 10 framework components as described in the DGI Data Governance Framework? For each component, provider should describe relevant processes engaged in and outcomes of these processes. Broadly, provider's will determine 1.) Mission and Vision, 2.) Goals, Governance Metrics / Success Measures, Funding Strategies, 3.) Data Rules and Definitions, 4.) Decision Rights, 5.)

Accountabilities, 6.) Controls, 7.) Data Stakeholders, 8.) A Data Governance Office (DGO), 9.) Data Stewards, 10.) Proactive, Reactive, and Ongoing Data Governance Processes

- Scenarios recommended for use: This activity is recommended for providers that do not currently have the data infrastructure to report a Category 3 P4P measure to specifications.
- Considerations: Please refer to the DGI Data Governance Framework- [http://www.datagovernance.com/dgi\\_framework.pdf](http://www.datagovernance.com/dgi_framework.pdf)