

REGION 10 RHP CLINICAL & QUALITY COMMITTEE

May 24, 2012

Introductions

- Facilitators
- Members of Clinical & Quality Committee

Today's Agenda

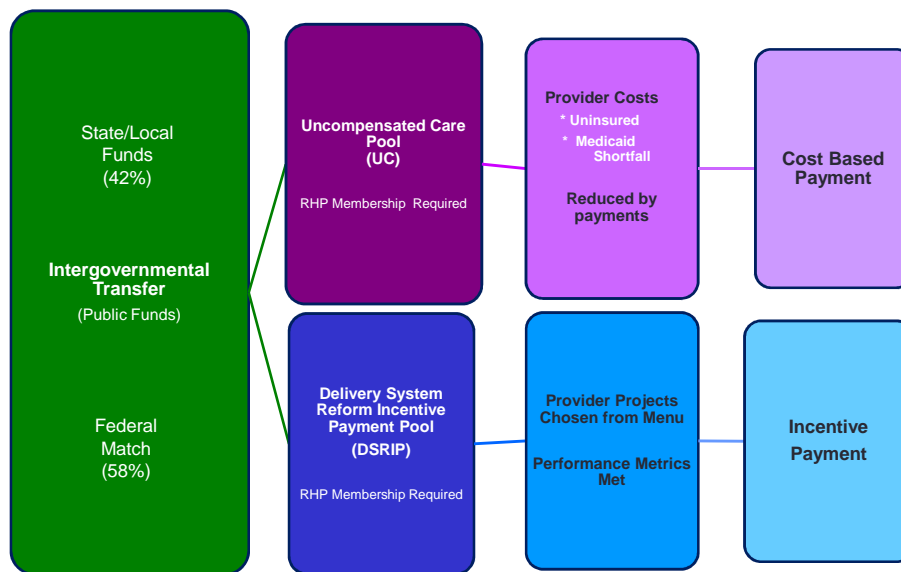
- Orientation to 1115 Waiver and Our Region
- RHP Clinical & Quality DRAFT Charter
- Region 10 Planning Tools and Timeline
- Report Out and Discussion
 - Region 10 Stakeholder Status Report
 - Stakeholder Survey Summary (Preliminary Sample)
- Homework and Agenda for Next Meeting
- Q&A

WAIVER ORIENTATION

1115 Waiver Key Components

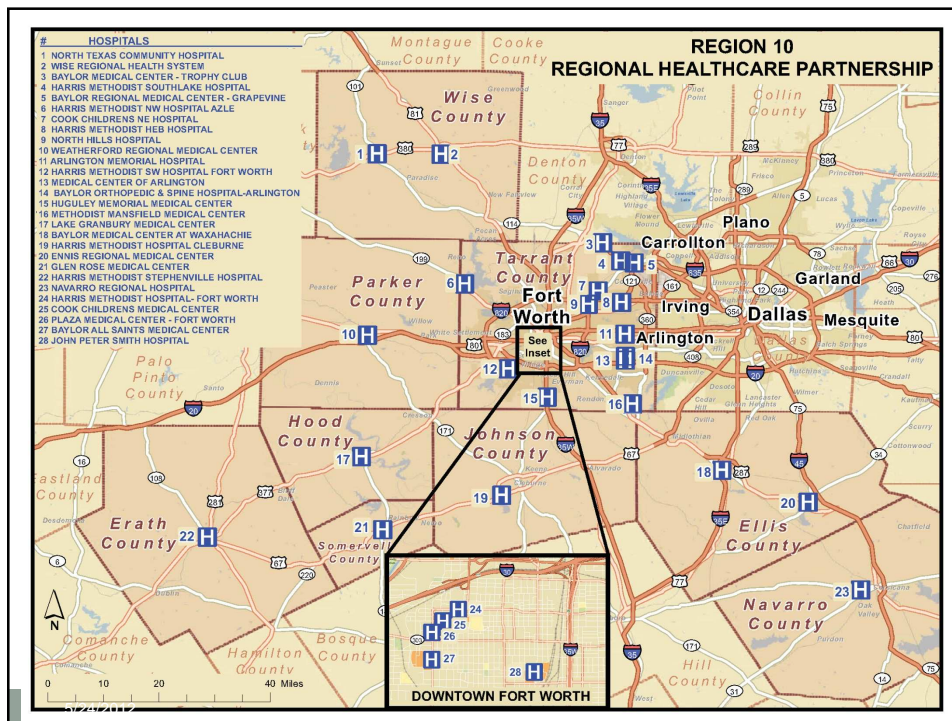
- Expand existing Medicaid and dual eligible managed care programs statewide
- Replace the existing UPL protocol and establish two funding pools
 - Uncompensated Care (UC) Pool
 - Delivery System Reform Incentive Payments (DSRIP)
- Create Regional Healthcare Partnerships (RHPs) to manage the new payment reform and transform health care delivery within a region

Waiver Funds Flow



Region 10 RHP

- Geographic Area (Counties)
 - Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Tarrant and Wise
- JPS Health Network will serve as the Anchor facility:
 - Single point of contact, coordinate RHP activities, responsible for administrative functions
 - Does NOT control participant IGT funding
 - Helps ensure that RHP DSRIP projects are coordinated, based on the same performance goals and measurable by the same metrics



Required Components of Regional Healthcare Partnership (RHP) Proposal

- Summary of Governance Model
- Stakeholder Engagement Overview
- Community Health Needs Assessment
- Allocation of Funds (Financial component)
- DSRIP Projects (Planning component)
 - Detailed timelines with milestones, metrics and proposed outcomes per DSRIP area of focus

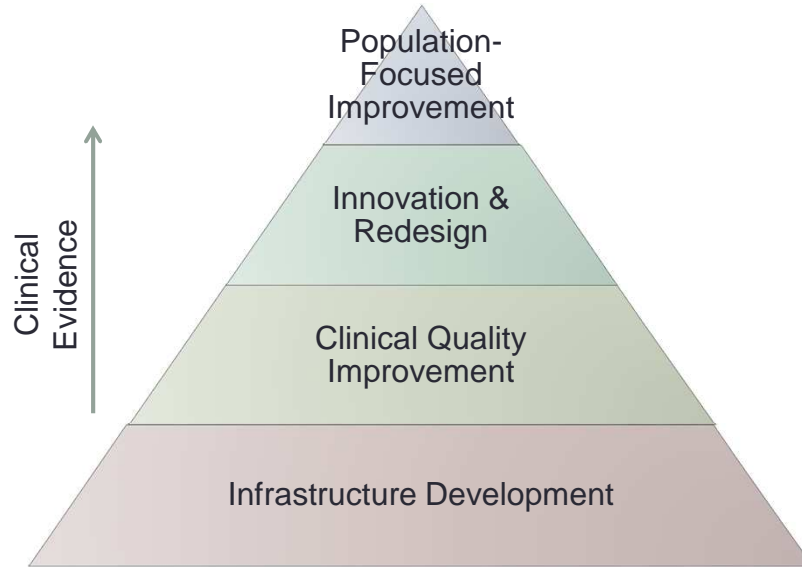
Delivery System Reform Incentive Payment

Incentivizes activities that support collaborative efforts to improve access to care and the health of the patients in four areas:

- Category 1: Infrastructure Development
- Category 2: Program Innovation and Redesign
- Category 3: Quality Improvement
- Category 4: Population-focused Improvement

Intended to reflect findings of community health needs assessment

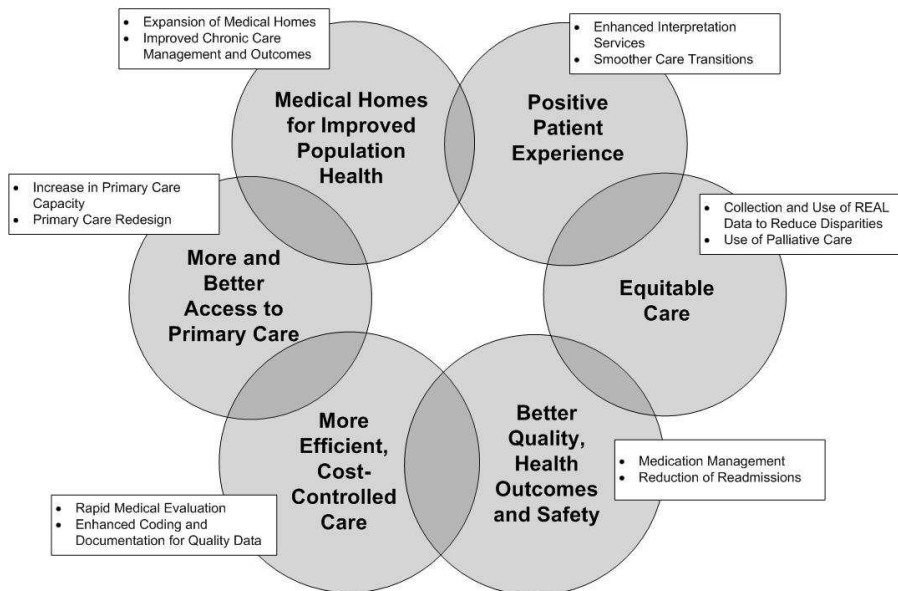
DSRIP Framework



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Integrated, Coordinated Systems of Care



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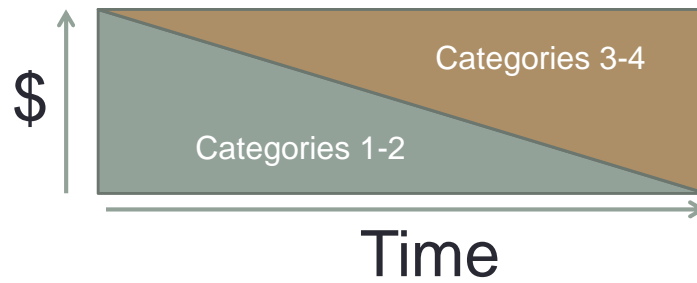
Stretch: Achievable, but Difficult

- Strategy to target low-hanging fruit
 - High value for patients
 - High organizational priority
 - Builds on existing work
 - Room for improvement
- Robust narratives with data and justification to describe problem, goal, starting point and process to improve

Delivery System Reform Incentive Payment

- Funding through DSRIP Pool is contingent on identification of relevant projects, determining metrics and meeting set milestones during the waiver period.
- RHPs must identify current access gaps and health needs of the region and counties to inform the selection of DSRIP projects.

DSRIP Finance Framework



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Food for Thought

- Can DSRIP meet desired vision of delivery system transformation in a way that is sustainable, truly integrated and impactful over the long-term for patients?
 - Scale and scope of plans
 - Significant intersection with coverage and managed care expansions
- Can DSRIP goals be met despite tremendous challenges faced by health care providers?
- Is DSRIP flexible enough to adapt and evolve?
- Will DSRIP data be meaningful?
- Will DSRIP prove to incent progress, and can public hospitals, private hospitals, other providers show progress through DSRIP?
- Will the project be sustainable post-DSRIP?

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DRAFT CLINICAL & QUALITY CHARTER & PRINCIPLES

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Our Principles for RHP Development

Patient Centered

- Improving patient care & experience through a more efficient, patient-centered and coordinated system

Transparent

- Decision-making process takes place in the public eye and that processes are clear to participants

Collaborative

- RHP informed by collaborative process that reflects the needs of the community(s) and inputs of stakeholders

Accountable

- Stakeholders are held to common performance standards, deliverables and timelines

Value Driven

- Focus on increasing value to patients, community, payers and other stakeholders

Better care, less costs

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RHP Governance

- **RHP Elected Officials** – *County and other elected officials responsible for IGT entities*
 - Maintain ongoing communication/engagement of county
- **RHP Steering Committee** - *CEOs of Local & Regional participant Hospitals, MHMR, and School of Medicine*
 - Final approval/review of key initiatives
- **RHP Finance Committee** - *Finance officers of participant Hospitals, MHMR, and School of Medicine*
 - Review of DSRIP projects, UC pool and IGT capacity
- **RHP Planning Committee** - *Planning officers of participant Hospitals, MHMR, Public Health, and School of Medicine*
 - Overall strategic planning and development of RHP plan
- **RHP Quality/Clinical** - *Quality/Medical officers of participant Hospitals, MHMR, Public Health, and School of Medicine*
 - Development/review for Quality Metrics for DSRIP project

REGION 10 CLINICAL & QUALITY TOOLS & TIMELINE

DSRIP Planning Tools

- Stakeholder Survey
 - Used to assess general trends and feedback across region – qualitative feedback and broad stakeholder engagement
- Community Health Needs Assessment
 - County & Regional – identify population health needs, baseline health indicators, health care providers & services
 - Provides basis for selected DSRIP projects
- DSRIP Prioritization Worksheet
 - Designed to allow performing providers to prioritize DSRIP projects
- Regional DSRIP Project Identification Tool
 - Used to identify multi-provider and/or region-wide (regional) projects

DSRIP Planning Tools (cont'd)

- Sample DSRIP Menu
 - Provides example of two DSRIP projects
- Performing Provider Readiness Assessment Tool
 - Designed for providers to self-assess (grade) readiness for successful DSRIP implementation, focusing on:
 - Capacity, capabilities and competencies
 - System-ness & care coordination
 - Use of health information technology
 - Current use of best practices (e.g. Patient-centered Medical Home)
 - Quality and population health focused initiatives and services
 - Serve as a planning tool for *County Visioning* sessions

County Visioning Sessions

- Following completion of surveys, assessments and information gathering, *each county develops its vision:*
 - Individual, facilitated planning sessions for performing providers and county stakeholders
 - Preceded by planning tools and summaries of surveys and assessments
 - Establish a local vision for healthcare transformation that addresses community needs and opportunities
 - Identify, evaluate and prioritize potential DSRIP projects in coordination with other local providers

Timeline

- Refer to Handout

REPORT OUT & DISCUSSION

Stakeholder Status Report

- Refer to handout

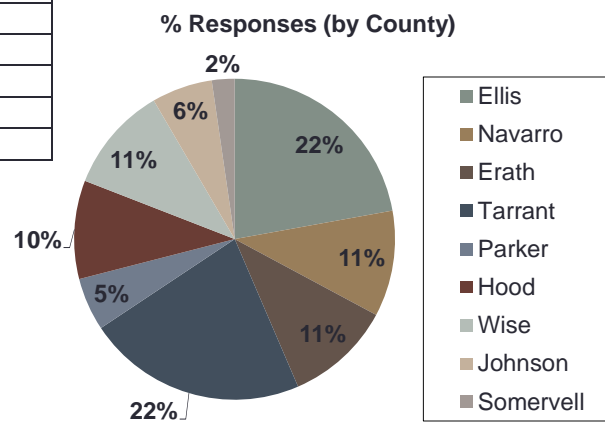
STAKEHOLDER SURVEY RESPONSES (PRELIMINARY)

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Count of Responses by County

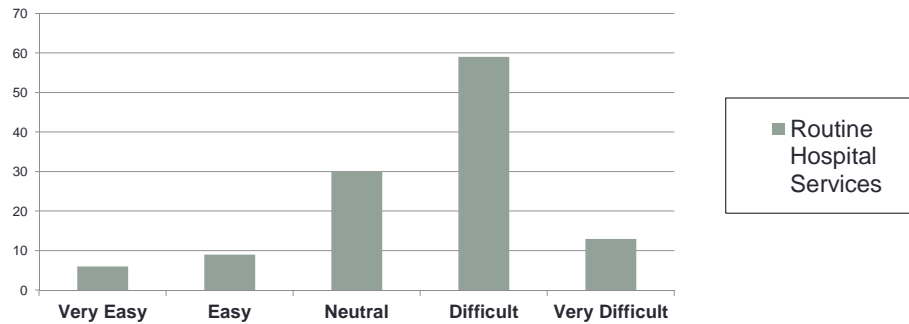
County	# of Responses
Ellis	29
Navarro	14
Erath	14
Tarrant	29
Parker	7
Hood	13
Wise	14
Johnson	8
Somervell	3



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Access to Routine Hospital Services

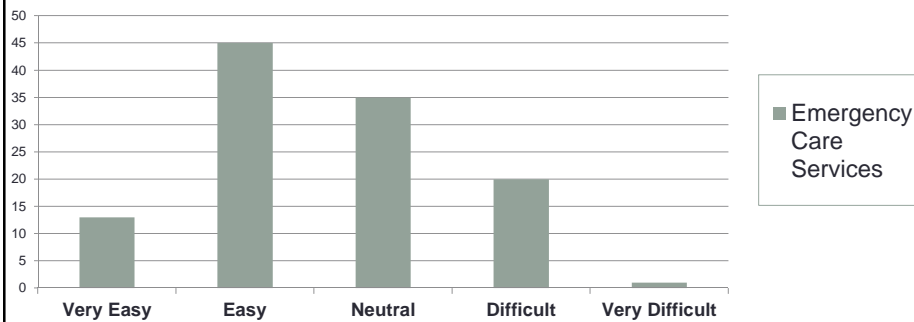


Rank	Barrier to Access	Scale 1- 8 (Lower # = greater barrier)
1	Lack of coverage/financial hardship	2.37
2	Difficulty navigating system/lack awareness of available resources	3.59
3	Eligibility screening process for benefits/covered services	4.26
4	Delays in authorization/referral approval	4.3
5	Lack of capacity (e.g., insufficient providers/extended wait times)	4.49
6	Lack of access due to provider distance	4.77
7	Other (Specify below)	4.78
8	Scheduling (system inefficiency/non-standard process)	5.41

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Access to Emergency Care Services



Rank	Barrier to Access	Scale 1- 8 (Lower # = greater barrier)
1	Lack of coverage/financial hardship	2.75
2	Difficulty navigating system/lack awareness of available resources	3.59
3	Lack of capacity (e.g., insufficient providers/extended wait times)	3.97
4	Eligibility screening process for benefits/covered services	4.23
5	Delays in authorization/referral approval	4.37
6	Lack of access due to provider distance	4.88
7	Scheduling (system inefficiency/non-standard process)	5.1
8	Other (Specify below)	5.11

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HOMework & AGENDA FOR NEXT MEETING

Next Agenda & Meeting Schedule


- Homework
 - Please complete and return Regional DSRIP Project Identification and DSRIP Prioritization Tools by June 8th
- Draft Agenda for Next Meeting (June 14th)
 - DSRIP Prioritization Tool (Summary)
 - Regional DSRIP Project Identification Tool (Summary)
 - Community Health Needs Assessment (Update)
- Meeting Schedule
 - 2nd & 4th Thursday of each month
 - Time: 9:00am-10:30am
 - Location: The Riley Center - Southwestern Baptist Theological Seminary, Conference RC - 237

QUESTIONS

Contact information

- **Email:** rhp@jpshealth.org
- **Website:** <http://www.jpshealthnet.org/rhp.aspx>

- JPS Locations
- Leadership
- History
- JPS Foundation
- Just Plain Sensational Employees
- Joint Care Teams
- 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