

REGION 10 JOINT RHP COMMITTEE MEETING

June 28, 2012

Welcome and introductions

- Facilitators
- Members of Planning, Finance and Clinical & Quality Committees

Housekeeping

- Review and approve minutes from June 14

Updates from Texas HHSC

- HHSC held two webinars in past week:
 - DSRIP menu webinar (June 21st)
 - Anchor call (June 22nd)
 - Updated draft Program Funding and Mechanics (PFM) Protocol (June 25th)
- Updated draft PFM is available online
 - Will release updated draft DSRIP menu by end of month
- Will release updated UC tool in July
- Public Comments on PFM due July 13th
- Continued negotiations with CMS through July and ongoing

Today's objectives

- Gain an understanding and experience of how to build out DSRIP projects
- Identify and form regional DSRIP project Workgroups
- Narrow number of regional DSRIP projects
- Begin developing regional DSRIP projects
- Review Funding Protocol updates and Preliminary Draft DSRIP Valuation Framework

WHAT INFORMATION IS REQUIRED FOR A DSRIP PROJECT?

DSRIP Project Requirements

- RHPs are split into four tiers
 - Region 10 is in Tier 2
- Only hospital-based Performing Providers (PP) participate in Categories 3 or 4
 - Outcomes from other Performing Providers should be reflected in reporting of hospital(s)
- Modifications allowed in DY2 for DY3 Implementation as well as for later years
- Reporting: twice yearly (PP) and one annual (RHP)
- IGT funds can fund projects outside the region, but incentive payments must go where the provider is physically located and the service is provided

Region 10 RHP Timeline

- June 27th: First draft DSRIP projects due
- July 16th: Second draft DSRIP projects due
- August 3rd: Final draft of DSRIP projects due from each performing provider
- September 1st – Final RHP plan completed and submitted to HHSC

Goals of DSRIP

Per the State's Draft Funding & Mechanics Protocol:

1. “Designed to provide incentive payments to hospitals and other providers for investments in delivery system reforms that:
 - **Increase access** to health care
 - **Improve quality** of care
 - **Enhance the health** of patients and families they serve.”
2. “The public hospital or local governmental entity [anchor entity] shall collaborate with hospitals and other potential providers to develop an RHP Plan that will **accelerate meaningful delivery system reforms** that **improve patient care** for low-income populations.

Goals of DSRIP

Per the State's Draft Funding & Mechanics Protocol:

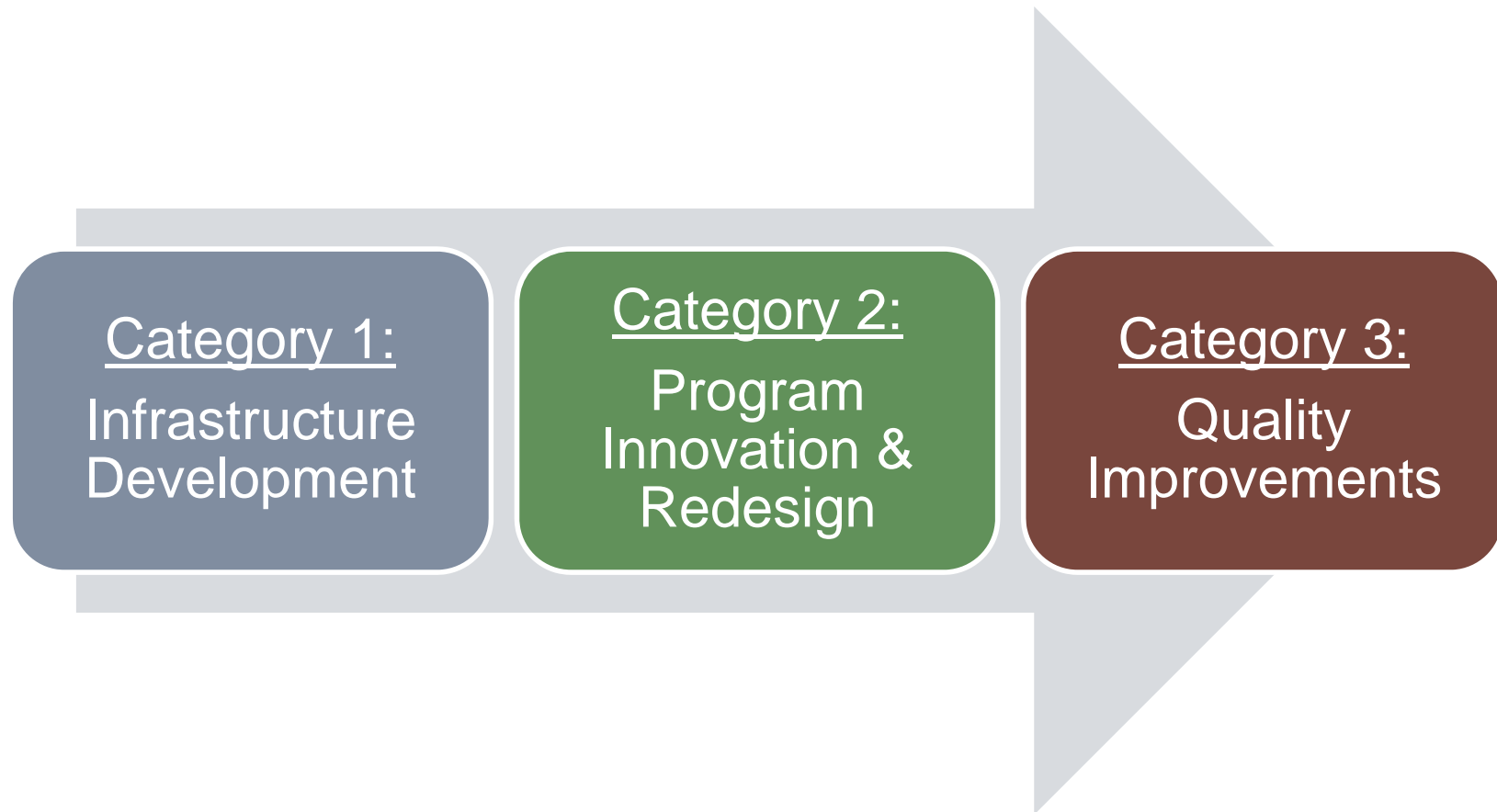
3. RHP Plans must be:

- Consistent with regional shared mission and quality goals of the RHP, and
- **Consistent with CMS's triple aims** to improve:
 1. Improve the health of the individual (including access to care, quality of care, and health outcomes),
 2. Improve the health of the population, and
 3. Lower costs through improvements (without any harm whatsoever to individuals, families, or communities)

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

Linking Category 1&2 projects to Quality Improvement Initiatives (Category 3)



Goal: Projects in Category 1&2 support & help achieve Category 3 Initiatives.

Milestones, Metrics and Impact

Milestones

- Indicators of progress that are not necessarily quantifiable
- Example: Expand the number of exam rooms in primary care clinics
 - DY1: Develop plan and initiate construction to expand primary care capacity
 - DY2: Expand primary care encounters by 5% compared to baseline
 - DY3: Expand primary care encounters by 10% compared to baseline

Metrics

- Used to measure quantifiable progress of the project over the demonstration period
- What metrics would you use to measure the impacts?
- How is that metric defined?
- Define the evidence base for the metric

HHSC will provide further guidance on how to develop detailed metrics for each intervention.

Example metrics

- **Expand primary care access at X clinic sites in Southeastern region by DY 1**
- **Have XX% increase in primary care visits at all clinic sites by DY 2**
- **Hire X new primary care providers by DY 4**
- **Reduce readmissions within one month for patients with cardiovascular disease by XX%**
- **Refer XXX number of pregnant patients to dental care (with follow-up) who come to the performing provider**

Data

- Are you able to identify a source for baseline data?
 - If so, what and where is the source?
 - If not, is this data being collected at all now, or is there a plan to collect the data soon?
- How will the data be collected and reported?
 - If electronic, through what source (software, database, etc.) will the data be collected from?
 - If not electronic, through what source and process, and by whom?

Example: Expand primary care access

Measurable data is number of primary care visits per demonstration year and length of time to third available routine appointment.

Data will be collected from PCMHs.

Where to find sample metrics

- CA DSRIP Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/DSRIP1.aspx>

Impact

- For each project, there is a required narrative indicating expected impact.
- Consider:
 - Who does this impact? What is the size of the population?
 - What is the anticipated outcome on this population? On the provider? On the region?

Narrative requirements

- For each project from Category 1, 2, and 3, plans must include a narrative
 - Identify DSRIP category, name of the project, performing provider name and Texas Provider Identifier of each entity involved
 - Goals of the project, description of major delivery system solution
 - Reasons for selecting the project/intervention/metrics
 - Relationship to other projects
 - Milestones and metrics table

REGIONAL DSRIP PROJECTS

Regional DSRIP Survey Results

- Refer to handout

Regional DSRIP Project Voting

- Process:
 - Vote on top projects selected by survey feedback and projects submitted via survey
- Objective:
 - Narrow project list to a total of 10 projects

INTERACTIVE VOTING SLIDES REMOVED FOR SPACE

REGIONAL DSRIP PROJECT VOTING

Voting Removed for Space – Top Regional Projects
Listed on Following Slide

Overview

- We will review and vote on 27 projects
- Vote on each project and answer: *“Do I want to be a...”*
 - Lead
 - Participant
 - Neither
- After all votes are cast, projects with the most Leads and Participants will represent the top 10 projects for current planning purposes
- The 10 projects are not final, just a starting point

Voting Summary – Top Ten Projects

Regional Projects

Growth in provision of specialty clinics throughout region at both inpatient and outpatient providers (e.g., CV, ortho, GI, oncology) and increase in telemedicine offerings

Fund programs for chronic disease management (diabetes, hypertension, CHF, etc.) and specialty clinics to care for the target population.

Focused effort to increase access points across the Metroplex; expanded use of primary care extenders

Collaborate with MHMRs to expand JPS/Tarrant County MHMR collaboration model across region

Expansion of Substance Abuse Services across entire catchment area

Coordinate with regional community clinics around implementation of Patient Centered Medical Home model

Establish patient-centered medical home criteria and begin to develop IT / EMR platform across all of Region 10 member affiliated primary care physicians

Develop Community Outreach Program for Prevention

Develop registry that is accessible by all Region 10 members

Develop tele-health capabilities for rural sites to enable improved behavioral health access

WORKING SESSION: REGIONAL PROJECT DEVELOPMENT

Workgroup format

- 10 tables with approximately 8 members each
- Each table focuses on one Regional DSRIP Project
- Teams work for 45 minutes to begin completing the DSRIP planning template and Project Worksheet

Workgroup Goals

- Begin working on the DSRIP projects using the provided template and worksheet
- Focus on clarifying:
 - Project description
 - Proposed metrics and data sources (or gaps)
 - Milestones and five year goals
 - Target population and impact (e.g. physicians and patients)
 - Community need addressed
 - Project team roles (e.g., IGT investor, Lead, Participants)

Example project (Alameda)

- Refer to handout

FUNDING PROTOCOL UPDATE AND DSRIP VALUATION FRAMEWORK

Program Funding and Mechanics Protocol Update

- No guidance on allocating DSRIP pools or pricing mechanism
- “Under development” – requirements of participation in DSRIP as condition of receiving UC
- Tier 2 project requirements
 - RHP must have minimum of 6 category 1 and 2 projects, at least half of which must come from Category 2
- 41 Category 3 interventions in Region 10

Performing Provider Requirements

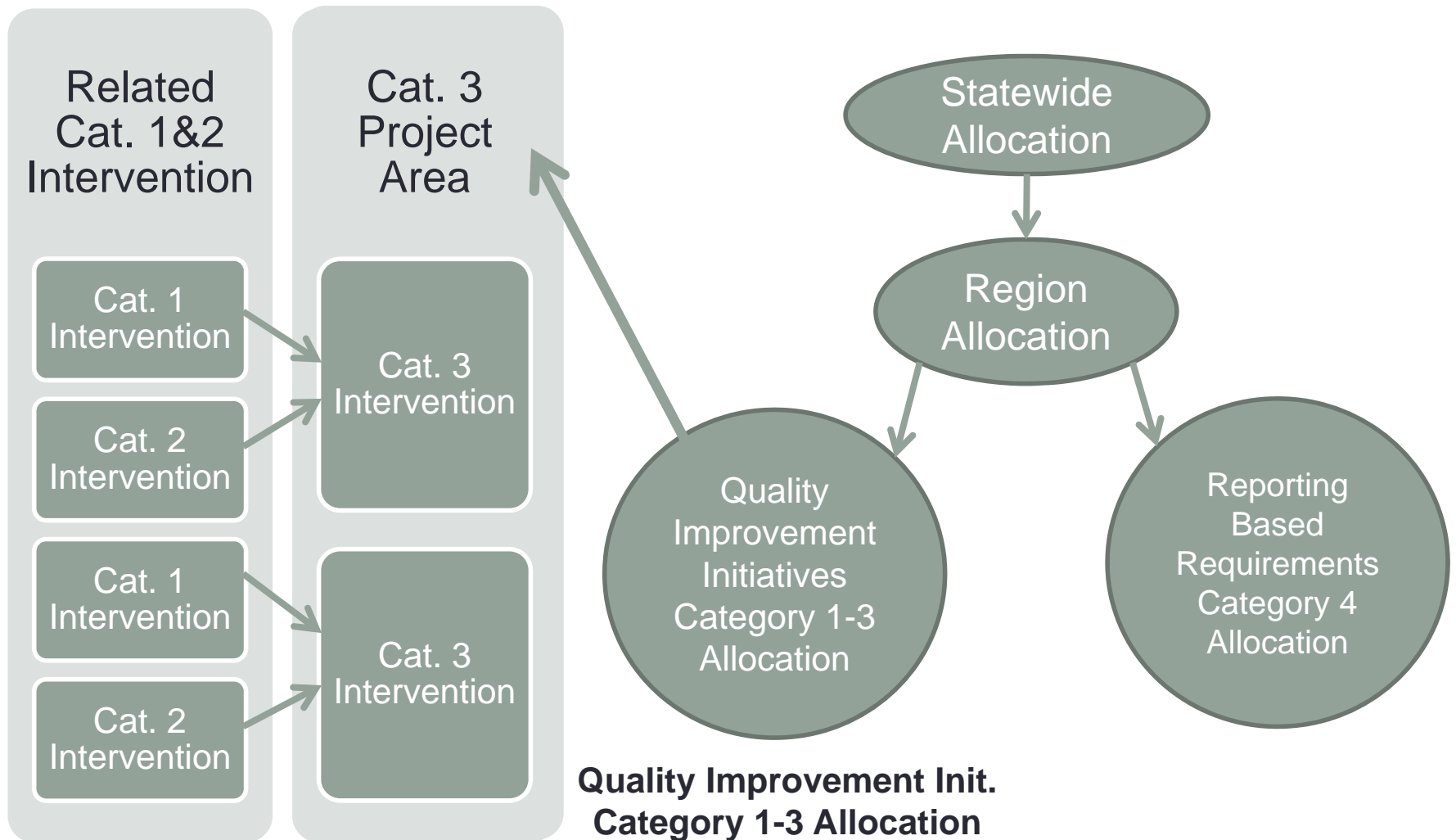
Category	Choice of Project	Mandatory	Pay on Performance	Inpatient or Outpatient
1	Yes	One from 1 or 2	Yes	Either
2			Yes	Either

Hospital Performing Provider Only

Category	Choice of Project	Mandatory	Pay on Performance	Pay based on Reporting	Inpatient or Outpatient
3	Yes, at least one	Yes, One	In later years	In early years	Inpatient Measure
4	No	Yes	No	Yes	Inpatient Measure

- Performing providers
 - One common Category 3 intervention
 - One additional Category 3 intervention
 - *Except Weatherford, Lake Granbury and Glen Rose*

DRAFT DSRIP Valuation Framework



Potential Pricing Factors

- Entity Size
- Complexity of implementing the project, including:
 - Complexity of the project
 - Difficulty of implementation
 - Teaching hospital
- Size & Scope of the project
- Size of Target Population
- Impact of the Project
- Investment & Resources Needed

NEXT STEPS

Next Agenda & Meeting Schedule


- Homework to complete:
 - Continue working on second draft of DSRIP menu for each performing provider
- Draft Agenda for Next Meeting (July 12th)
- Meeting Schedule
 - 2nd & 4th Thursday of each month
 - Planning: 10:30am-12:00pm
 - Clinical & Quality: 9:00am-10:30am
 - Location: The Riley Center - Southwestern Baptist Theological Seminary

QUESTIONS

Contact information

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

- 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