



Statewide Learning Collaborative Summit: DSRIP Reporting of Quantifiable Patient Impact (QPI)

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September 9, 2014

QPI Overview

Why Report on QPI Metrics?



- Actually...QPI metrics are very important, because they show the increased/enhanced service volume (additional individuals served or encounters provided each year) due to each DSRIP project.

When to Report QPI

- Providers may report QPI for metric achievement in April or October.
- Regardless of when QPI is achieved, providers with a QPI metric in the demonstration year (DY) must submit a QPI Reporting Template in October to meet the metric-level Semi-Annual Reporting (SAR) requirement.

Submit QPI
Reporting Template

April

October

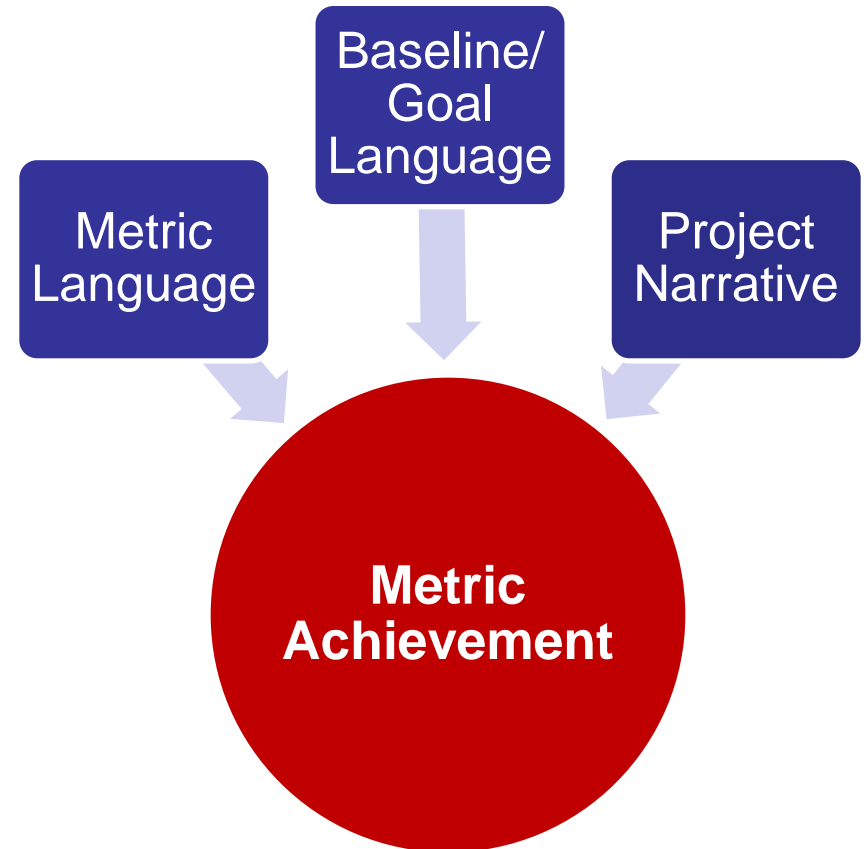
To
demonstrate
metric
achievement
for payment
(optional)

To
demonstrate
metric
achievement
for payment
(optional)

To fulfill
metric-level
SAR
requirement
(required)

QPI Metric Achievement

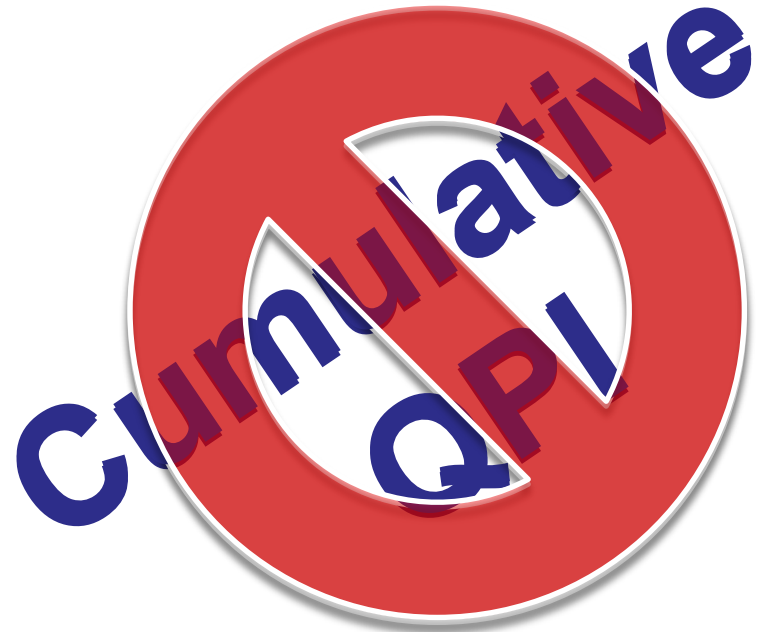
- Metric achievement is determined based on:
 - Metric language
 - Baseline/ goal language
 - Content of the project narrative
- A performing provider is not eligible for payment for a metric unless all metric goals are achieved.
 - Providers should not report a metric for payment unless fully achieved by the date specified for the reporting period (March 31 or September 30).



QPI Goals

Moving to Annual QPI Goals

- One source of confusion for some providers has been the use of annual vs. cumulative QPI goals.
- To attempt to simplify QPI, HHSC will remove the cumulative QPI goals from workbooks and will only include annual QPI goals.
- Carry-forward will instead be calculated by the QPI reporting template (for HHSC reporting review purposes).



Pre-DSRIP Baseline

About Pre-DSRIP Baseline

- A general goal of DSRIP is to show increased capacity and enhanced services compared to what existed prior to DSRIP.
- To determine the level of service that existed prior to the implementation of the DSRIP project, the provider must determine the pre-DSRIP baseline.
- Every QPI metric should have one (and only one) pre-DSRIP baseline. While the QPI will change from one DY to the next, the pre-DSRIP baseline will not change.

Determining Pre-DSRIP Baseline

- Pre-DSRIP baseline information will typically reflect the year prior to the year the DSRIP project is implemented (e.g., often DY2 or DY1).
 - If a full year is unavailable, the pre-DSRIP baseline should be annualized in most cases.
- For new projects, the pre-DSRIP baseline is 0 individuals or encounters. Projects that expand an existing program or service have a pre-DSRIP baseline greater than 0 they seek to build on.
- Pre-DRIP baseline data should be comparable to QPI:
 - Pre-DSRIP baseline should be based on the QPI grouping
 - Pre-DSRIP baseline should reflect the QPI target population

Pre-DSRIP vs DSRIP Baseline

- The pre-DSRIP baseline differs from a baseline that may be established as part of a DSRIP project.



Pre-DSRIP Baseline

Based on individuals served or encounters provided **PRIOR TO** implementation of DSRIP project

Equals 0 if DSRIP project is not an expansion (i.e., provides a new program or service)



DSRIP Baseline

Based on individuals served or encounters provided **AFTER** implementation of DSRIP project

Often reported as an “Establish a baseline” metric for DSRIP projects providing a new program or service

Calculation of QPI

Calculating QPI

- Early achievement of QPI is not allowed.
- Only individuals served/ encounters provided during the DY (or during the DY and subsequent DY, if carryforward metric), may be counted as QPI.
- Allowable dates of service:

DY Reporting	Not Reporting as Carry-forward Metric	Reporting as Carry-forward Metric
DY3	Oct. 1, 2013 – Sep. 30, 2014	Oct. 1, 2013 – Sep. 30, 2015
DY4	Oct. 1, 2014 – Sep. 30, 2015	Oct. 1, 2014 – Sep. 30, 2016
DY5	Oct. 1, 2015 – Sep. 30, 2016	Oct. 1, 2015 – Sep. 30, 2017

Calculating QPI

- While the provider must show that it is serving additional individuals or providing more encounters than the pre-DSRIP baseline, the pre-DSRIP baseline number is not counted as part of the QPI attributable to the project since it existed prior to the project.
- QPI is calculated as:



What to Include in QPI

- **Encounters-based QPI metrics:**
 - Encounters that may be counted as QPI are based on the project area (e.g., 1.1 and 1.9 projects include only office visits), goal language, and project scope described in narrative.
 - Encounters must be completed (e.g., completed follow-up calls for patient navigation, not attempted calls) to be included as QPI.
- **Individuals-based QPI metrics:**
 - Individuals that may be counted towards QPI are based on the goal language and target population described in the narrative.
 - Individuals may only be counted once during each DY, regardless of the number of encounters provided.
 - Individuals served in one DY may be counted again in another DY (e.g., if a care management program successfully retains the same individual as an enrollee in DY4 and DY5, that individual counts as one enrollee for the program in each DY).

Pop Quiz!

Fun QPI Word Problems

Not for a grade

QPI Example 1 Details

- Project Option: 1.1
- QPI Metric: I-12.1 (Documentation of increased number of visits.)
- A provider, who had never operated a clinic prior to DSRIP, opened a new primary care clinic during DY2 as part of its DSRIP project.
- The provider provided 1,000 office visits in DY2.
- The QPI goals are to provide an additional 400 visits over the DY2 baseline in DY3, 600 visits over the DY2 baseline in DY4 and 800 visits over the DY2 baseline in DY5.
- The provider served 900 patients in DY3. In DY3, they scheduled 1,500 appointments and provided 1,300 office visits, 500 lab visits, and 600 pharmacy consults.

QPI Example 1 Q&A

- What is the pre-DSRIP baseline?
- What is the DY3 QPI goal?
- What is the DY4 QPI goal?
- What is the DY5 QPI goal?
- What is the DY3 QPI achieved?
- Did the provider meet their DY3 metric, or should they request carry-forward?

QPI Example 2 Details

- Project Option: 1.9
- QPI Metric: I-23.1 (Documentation of increased number of visits.)
- A provider operated a clinic prior to the DSRIP project that provided specialty care services through 2 specialty care providers.
- The specialty care clinic provided 2,000 office visits in DY2.
- Through their DSRIP project, the provider plans to increase the number of specialty care providers to 4.
- The QPI goal is for each newly hired specialty care provider to provide 1,000 visits each DY.
- The provider hired 1 new specialty care provider in DY3 and plans to hire another in DY4.
- In DY3, the 3 specialty care providers employed by the clinic provided at total of 3,100 office visits.

QPI Example 2 Q&A

- What is the pre-DSRIP baseline?
- What is the DY3 QPI goal?
- What is the DY4 QPI goal?
- What is the DY5 QPI goal?
- What is the DY3 QPI achieved?
- Did the provider meet their DY3 metric, or should they request carry-forward?

QPI Reporting Template

- HHSC considered provider feedback and is implementing changes to make reporting of QPI less confusing and less taxing for providers.
- The QPI Template is being finalized and tested and will be released in the next two weeks.
- HHSC will hold a webinar on the revised QPI Reporting Template prior to October DY3 Reporting.
- The shell of the revised Template will be very similar to the PILOT QPI Reporting Template available for April DY3 reporting.
- Provider entries are highlighted in yellow. Blue text indicates information that is auto-filled based on provider inputs.

Project Data Entry

- Providers will submit one QPI Template per project.
- The template allows for the reporting of the project's Medicaid/Low Income Uninsured (MLIU) percentages.
 - Supporting documentation is not required, but this information is auditable by the compliance monitor.
- The Template allows for the reporting of up to 3 QPI metrics to accommodate projects with multiple QPI metrics in a DY.
 - Providers who are required to report both on total QPI and MLIU QPI will use the same QPI template to report both.
- Providers can use this template to report for payment, for carry-forward payment or for SAR only.

Project Data Entry Tab (Draft)

DRAFT

OVERVIEW OF INSTRUCTIONS

- Step 1:** Carefully read Instructions tab, paying particular attention to the section on de-identifying client information. Check box at the bottom of that page to confirm step has been completed.
- Step 2:** Select RHP number, TPI, and Project ID from dropdown menus. Enter the percent of the project's population served that is Medicaid/Low-income Uninsured (MLIU).
- Step 3:** Enter QPI metric ID, reporting status, and QPI actual. Also, enter DY3 QPI actual. If your project also requires a Medicaid/Low-income Uninsured (MLIU) QPI, enter the numeric QPI actual for the MLIU population.

PROGRESS INDICATOR

Step 1: Instructions	Complete
Step 2: Project Selection Inputs	Complete
Step 3: Metric Selection Inputs	Complete
Step 4: Data Entry & Summary Tabs	Complete



2 - PROJECT INFORMATION

Region:

TPI:

Provider:

Project ID:

Project Area:

% of Individuals Served that are Medicaid/ Low-income Uninsured

	% Medicaid	% Low-income Uninsured	Total % MLIU	Description of MLIU (payer sources income levels etc.)
DY3 MLIU % Goal:	25%	35%	60%	Medicaid % includes all those eligible for Medicaid. Low-income uninsured % includes patients below 200% FPL.
DY3 MLIU % Actual:	36%	31%	67%	
DY4 MLIU % Goal:	0%	0%	0%	
DY4 MLIU % Actual:	0%	0%	0%	
DY5 MLIU % Goal:	0%	0%	0%	
DY5 MLIU % Actual:	0%	0%	0%	

3 - QPI METRIC SELECTION

QPI Metric #1

QPI Metric ID:

Metric Language:

Metric Grouping:

	DY3	DY4	DY5
Reporting Status:	Reporting for DY3 payment (not carry-forward)		
QPI Goal:	10	6	6
QPI Actual:	12		

MLIU QPI required?

	DY3	DY4	DY5
MLIU QPI Goal:	6		
MLIU QPI Actual:	7		
Revise the MLIU QPI description for this metric, if it differs from the project-level description inserted from your	Medicaid % includes all those eligible for Medicaid. Low-income uninsured % includes patients below 200% FPL.		

4 - CREATE QPI DATA ENTRY AND SUMMARY TABS

Once metric information is entered in Step 3, click on the button below to create Data Entry and Summary tabs.

Create QPI Data Entry and Summary Tabs

Metric QPI Data Entry

- Tabs will be created for each QPI metric selected in previous Project Data Entry tab.
- Providers will enter information on Pre-DSRIP Baseline.
 - If the project is not an expansion of an existing program or services, the pre-DSRIP baseline will default to 0.
 - For providers who do not have a full year of data on which to base pre-DSRIP baseline, an annualized number will be calculated by the template.
 - Supporting documentation is not required, but this information is auditable by compliance monitor.
- Providers will describe and enter their QPI data.
 - Providers will describe the types of individuals and encounters included as QPI.
 - Providers will enter the date ranges for QPI encounters.
 - Providers will copy and paste QPI data from their tracking source (EHR, spreadsheet, etc.).
 - Supporting data will include Patient IDs and Encounter Dates. Payer source data is no longer requested.

Metric QPI Data Entry Tab (Draft)

DRAFT

OVERVIEW OF INSTRUCTIONS

- Step 1* - Provide information on your project's pre-DSRIP baseline.
- Step 2* - From provider's EHR or client database, run a query on project related records that includes patient ID and encounter date variables. Copy data (not including the header/variable name) and paste it into the appropriate cells using the Paste Values function.
- Step 3* - Describe what types of individuals (e.g. children attending a particular school, individuals with behavioral health issues, age groups, etc.) patient contacts (e.g., office visits, phone calls, screenings, admissions, discharges, etc.) are included in QPI data. Also enter the QPI dates range for encounters.
- Step 4* - View QPI Summary tab to confirm accuracy of QPI calculations. If provider's QPI calculation matches template calculation accordingly to Data Match Indicator, proceed to the next step. If they do not match, carefully review the instructions and provider entries to confirm data was correctly entered. If provider is unable to reconcile provider and template discrepancies, complete the QPI Summary tab before moving on to the next step.
- Step 5* - De-Identify Personally Identifiable Information.



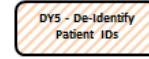
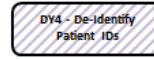
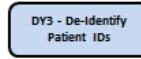
PROGRESS INDICATOR

Step 5: Pre-DSRIP Baseline	Complete
Step 6: QPI Data Entry	Complete
Step 7: QPI Data Details	Complete
Step 8: QPI Calculation Check	Match

Step 9: De-Identify Patient IDs	
DY3 - Patient IDs De-Identified:	Complete
DY4 - Patient IDs De-Identified:	N/A
DY5 - Patient IDs De-Identified:	N/A

9 - DE-IDENTIFY PATIENT IDS (Step 8 can be found on the QPI Summary tab)

Once data entry is complete and calculations on Summary tab are confirmed, click on the button below to de-identify patient IDs. > Only click on the button when the data has been FINALIZED. Once Patient IDs are de-identified, the data will be locked and no further changes can be made.



5 - PRE-DSRIP BASELINE

Does the DSRIP project you are reporting on provide a new program or service, or does it expand an existing program or service? DSRIP project expands an existing program or service.

Service Volume during Pre-DSRIP Baseline Period: 6 Encounters Pre-DSRIP baseline (annualized): 8

Start Date for Pre-DSRIP Baseline Data: 01/03/12

End Date for Pre-DSRIP Baseline Data: 09/30/12

Describe the data used to calculate pre-DSRIP baseline (i.e., types of services/ individuals included) and why you used this data and this time period to calculate pre-DSRIP baseline. If pre-DSRIP baseline is 0, explain why.

Data includes completed office visits provided by one specialty care provider we had on staff prior to the DSRIP expansion. We do not have a full year's data because the provider we had on staff had to resign suddenly due to illness and we had a gap in service before being able to fill her position.

7 - QPI DATA DETAILS

	DY3	DY4	DY5
<p>Describe the data entered below detailing the types of individuals (e.g. children attending a particular school, individuals with behavioral health issues, age groups, etc.) and patient contacts (e.g., office visits, phone calls, screenings, admissions, discharges, etc.) that are included.</p> <p>Start Date for DY3 QPI: 10/1/2013</p> <p>End Date for DY3 QPI: 9/30/2014</p>	<p>Data includes completed office visits provided by the two specialty care providers at our clinic. The specialty care provider hired as part of our DSRIP project began serving patients on 10/1/2013.</p>	<p>Describe the data entered below detailing the types of individuals (e.g. children attending a particular school, individuals with behavioral health issues, age groups, etc.) and patient contacts (e.g., office visits, phone calls, screenings, admissions, discharges, etc.) that are included.</p> <p>Start Date for DY4 QPI: 10/1/2014</p> <p>End Date for DY4 QPI: 9/30/2015</p>	<p>Describe the data entered below detailing the types of individuals (e.g. children attending a particular school, individuals with behavioral health issues, age groups, etc.) and patient contacts (e.g., office visits, phone calls, screenings, admissions, discharges, etc.) that are included.</p> <p>Start Date for DY5 QPI: 10/1/2015</p> <p>End Date for DY5 QPI: 9/30/2016</p>

6 - QPI DATA ENTRY

DY3		DY4		DY5	
Patient ID	Encounter Date	Patient ID	Encounter Date	Patient ID	Encounter Date
1	9/30/13				
2	10/1/13				
3	10/2/13				
4	11/5/13				
5	11/2/13				
6	12/1/13				
7	3/17/14				

Note: Because this encounter falls outside the allowable date range, it will not be counted towards QPI.

Metric QPI Summary

- The template will automatically calculate the QPI based on the data entered and indicate whether the QPI goal was achieved.
 - Calculations will be based on QPI grouping.
 - Template will only include encounters that are within the eligible dates for the reporting period calculations.
- The Summary tab will indicate whether QPI calculations match what the provider entered as their QPI on the Project Data Entry tab.
- It will also show whether the metric was achieved.
- After the provider verifies that all data has been correctly entered, they will return to the Metric QPI Data Entry tab and de-identify the QPI data (patient IDs).

Metric QPI Summary Tab (Draft)

DRAFT

DATA CALCULATION MATCH INDICATOR

Year	Actual QPI Encounters		
	Provider Calculation	Template Calculation	Calculations Match
DY3	12	12	Yes
DY4			
DY5			



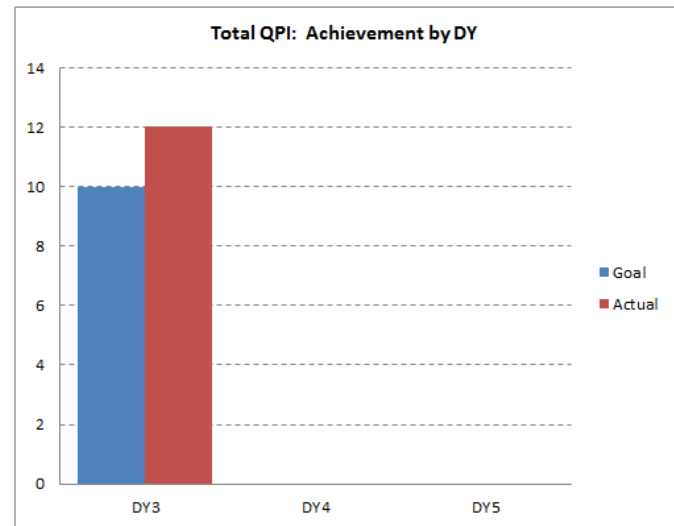
QPI PROGRESS SUMMARY (based on template calculations)

PROJECT INFORMATION	
Region:	
TPI:	
Provider:	
Project ID:	
Project Option:	1.9

METRIC INFORMATION	
Metric ID:	I-23.1
Language:	Documentation of increased number of visits
Grouping:	Encounters
MLUI QPI Req'd?	Yes

REPORTING DETAILS	
DY3	Reporting for DY3 payment (not carry-forward)
DY4	
DY5	

Year	Total QPI		METRIC ACHIEVEMENT	MLIU QPI		METRIC ACHIEVEMENT
	Goal	Actual		Goal	Actual	
DY3	10	12	Achieved	6	7	Achieved
DY4	0					
DY5	0					



8 - QPI Calculation Check

If the provider calculation and template calculation for QPI match (see Data Match Indicator above), provider may proceed to Step 9 on the QPI Data Entry tab. If the calculations do not match, carefully review the instructions tab and all provider inputs and correct any data input errors. If after this review there is still a discrepancy between provider and template calculations, please provide a detailed explanation below outlining why you believe the template calculations to be inaccurate and how you arrived at your QPI calculation. Once this step is complete, proceed to Step 9.

Waiver Communications

- Find updated materials at <http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Submit all questions to TXHealthcareTransformation@hhsc.state.tx.us