

## Phase 2 Overview for Quantifiable Patient Impact (QPI) Measures

This document will give providers a conceptual overview of what is meant by a Quantifiable Patient Impact (QPI) measure and will explain how QPI data for each DSRIP project will be collected and/or verified as a part of Phase 2 of DSRIP project revisions. More detailed instructions about how providers will fill out spreadsheets designed to capture QPI information will accompany these spreadsheets, which will be sent to RHP anchors.

### Background

For valuation purposes, the Centers for Medicare and Medicaid Services (CMS) has requested that providers report at least one Quantifiable Patient Impact (QPI) measure in the Category 1 or 2 milestones table. QPI milestones measure the impact your project will have on the population you serve. This population includes users of the health-related services you provide (e.g., patients, clients, individuals in the community, etc). It does not include doctors, residents, or others that provide the services, unless, of course, they are also users of the service.

While QPI measures may be expressed a multitude of ways, they can be classified into a handful of broad categories. The most common categories of QPI measures are measures that represent:

- Unique individuals served (e.g., patients, clients, individuals, or other ways of describing the people served in an intervention, such as pregnant women, ED users, or people with diabetes).
- Encounters (e.g., office visits, pharmacy consults, or counseling sessions).
- Services (e.g., immunizations, screenings, or referrals).

HHSC encourages providers to include more than one QPI measure as appropriate to support project valuation. HHSC wants to work with providers to ensure that every project includes a broad QPI measure, at a minimum for demonstration years (DY) 4 and 5, that reflects the scope of patients directly served through the project. **This information will be used by CMS as it determines by September 1, 2013, whether it approves each project's proposed valuation for DY 4 and 5. It also will be important for ongoing reporting and monitoring on the status of projects.**

Many projects contain other strong quantifiable milestones that may not reflect the full scope of patients served by the project, such as number of patients diverted from jail or number of patients with improved quality of life. While these milestones support the value of the project and should not be removed now that the plans have gone to CMS, HHSC also wants to give each provider the opportunity to add QPI milestones that reflect the broad scope of the project for the purposes of the CMS model.

### Verifying / Adding QPI Measures for Every DSRIP Project

By a specified date in June, HHSC needs each RHP anchor to work with all of its DSRIP performing providers to verify the QPI information HHSC already has captured for the project, modify the information to accurately reflect the patient scope of the project, or add QPI information if none was provided in the version of the RHP Plan that HHSC submitted to CMS. Actual due dates for adding /

verifying QPI data for projects will vary by RHP based on when the RHP receives region-specific QPI information from HHSC.

QPI verifications / additions will be done via a spreadsheet (providers will not re-submit full projects at this time), but the information that the provider reports on the QPI spreadsheet will become part of the RHP plan and must be included in the project by October 1, 2013, when other priority technical corrections are due.

HHSC will give each RHP anchor a pre-populated spreadsheet that includes the QPI information that HHSC has captured for each project by DY. In many cases, HHSC may have been unable to identify QPI information. For projects that include multiple milestones that reflect patient scope, HHSC will have chosen the one that it thinks best reflects the patient scope of the project. For some projects, HHSC captured a QPI measure, but may recommend that the provider add another one to support its valuation in the CMS model. For example, if almost all of the providers that used a certain project option reported the number of additional visits provided, but a few providers reported the number of new patients served, HHSC may recommend to those few that they add a visits measure so that their project can be compared more easily to others like it in the CMS model. If providers do not include this alternate measure, then either HHSC or CMS will have to make an assumption regarding the number of visits per patient in order to run the model.

For certain projects, such as high-intensity specialty care projects, CMS has requested that metrics be added specific to the Medicaid/uninsured impact of the project. In these cases, if a provider adds/clarifies metrics specific to the Medicaid/indigent impact, HHSC strongly advises keeping/including in the metrics quantifiable information on all the patients impacted by the project, as this will support the project's value during the CMS valuation review. For purposes of the QPI measures, HHSC recommends using the metrics related to all the patients impacted, and providers will separately provide the percentage of the project that is expected to benefit the Medicaid/indigent populations.

In adding or verifying QPI information, please make sure that the information for each DY reflects the increase in patients served/visits provided in that year that is due to the project (i.e. the number exceeding the baseline prior to the start of the project). For example, if the intervention is a new project that will serve a total of 100 patients in DY4 and 200 patients in DY5, those are the figures to include in the QPI spreadsheet (as opposed to 100 patients in DY4 and 100 more in DY5). If the project expands an existing initiative that currently serves 200 people, but will serve 300 by DY4 and 400 by DY5, then the provider would reflect that due to the project, 100 additional patients will be served in DY4 and 200 additional patients will be served in DY5 over baseline. The detailed instructions about how this information should be entered in the spreadsheet will be included in the instructions that accompany the spreadsheet.