Regional Healthcare Partnership 18
Collin, Grayson and Rockwall Counties
1115 Medicaid Waiver Project
Status Report

June 12, 2017

Anchor Team

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RHP 18 Update Agenda

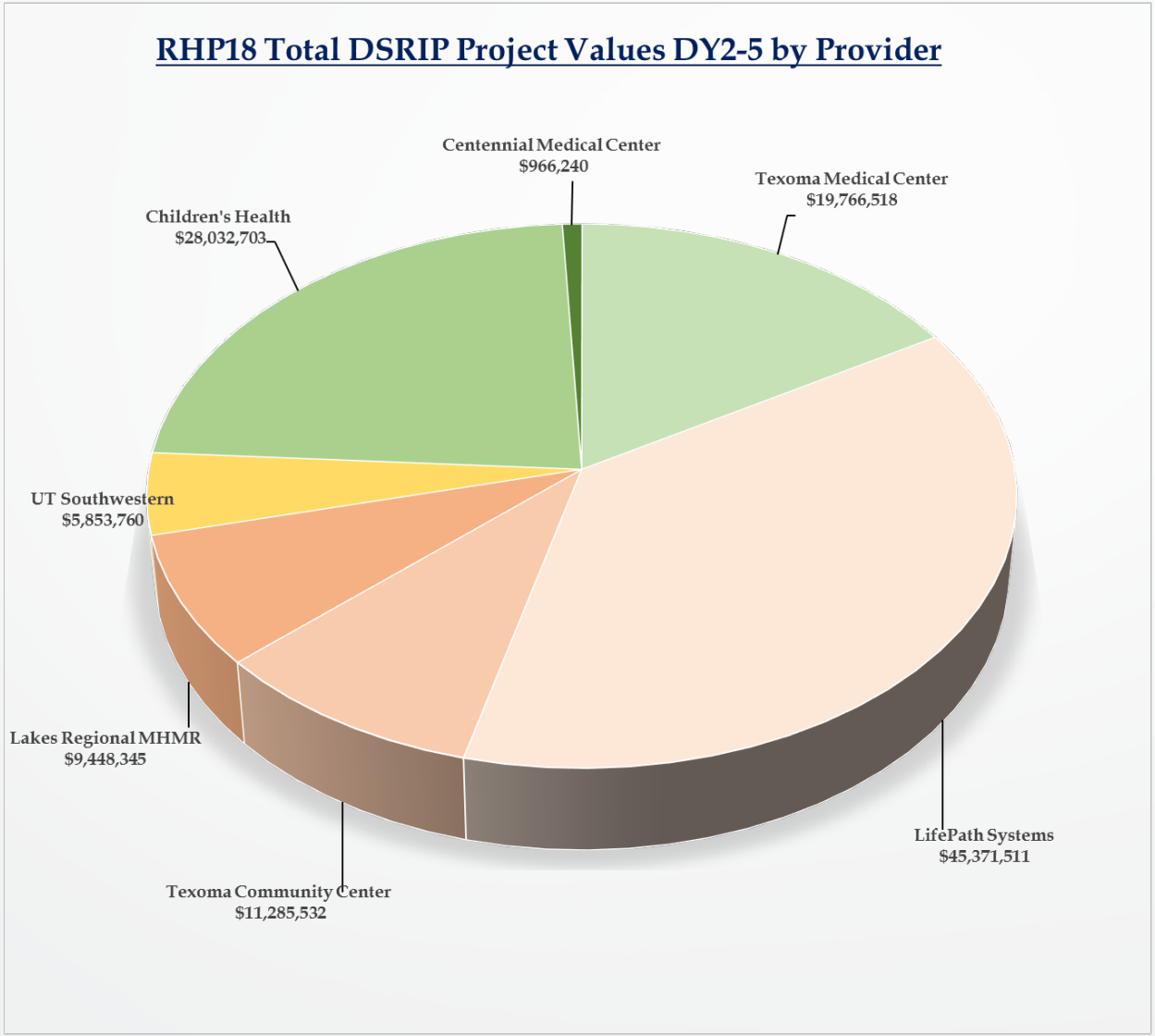
1. Broad parameters of the program recap
2. Summary cumulative financial and performance data
3. Changes over time
4. Challenges and Lessons Learned - Common Themes
5. Audit status
6. DY6 Changes
7. Overview of anticipated changes for DYs 7—10 (2017-2021)

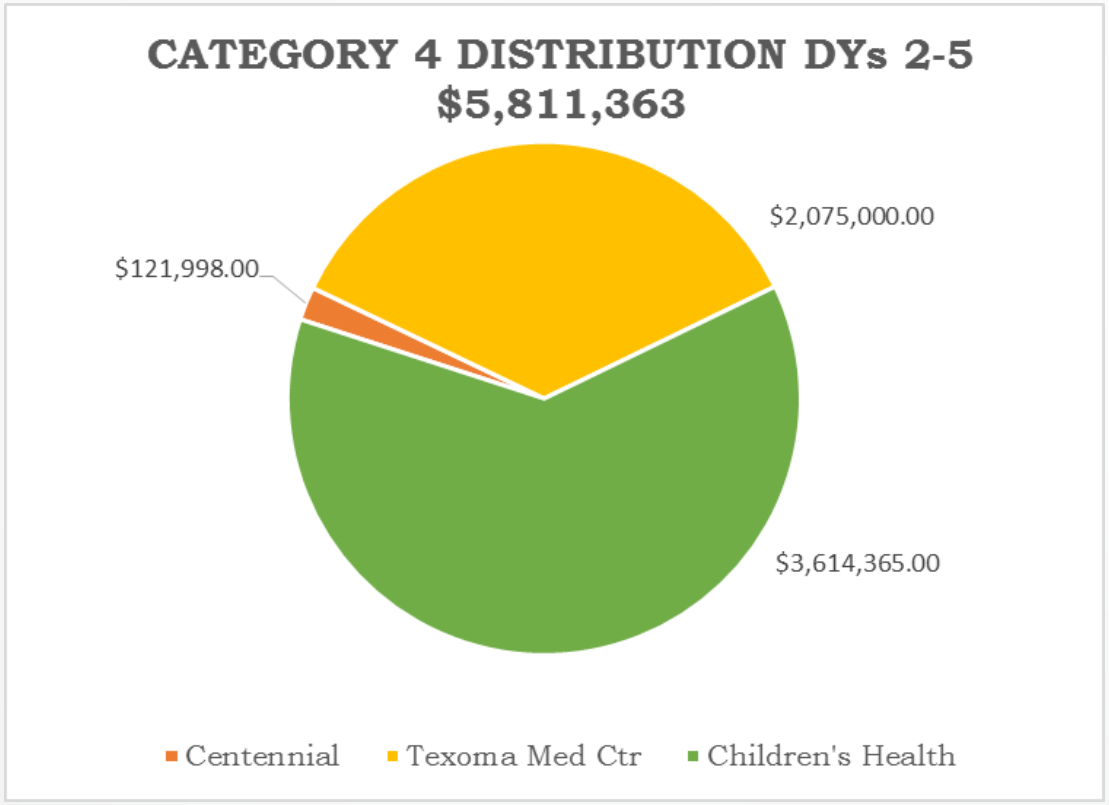
Project Categories

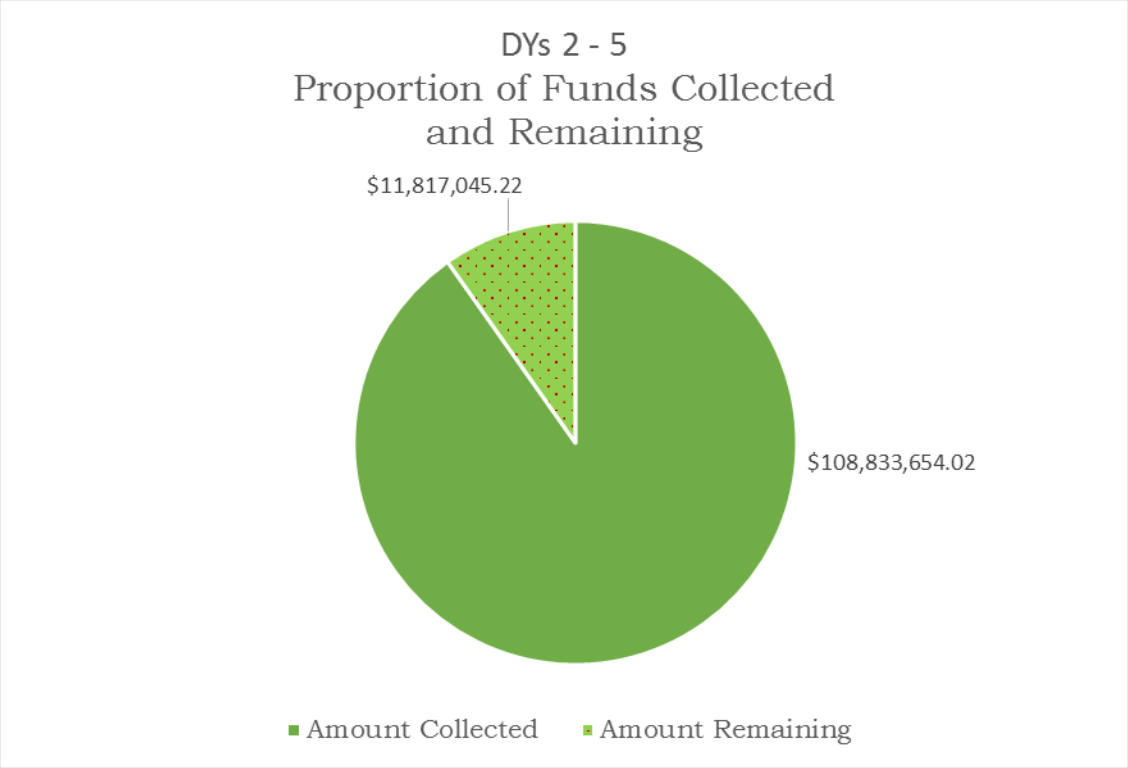
Category 1: Infrastructure
Category 2: Program Innovation and Redesign
Category 3: Outcomes
Category 4: Hospital reporting to prescribed metrics (e.g. reduced readmissions)

Original plan had 49 projects:
Category 1: 14
Category 2: 9
Category 3: 26
Category 4: Each facility has 6 reporting domains

Four Years RHP18 DSRIP Total Values: $120,650,699




CATEGORY 4 DISTRIBUTION DYs 2-5
$5,811,363
$2,075,000.00
$121,998.00
$3,614,365.00
Centennial
Texoma Med Ctr
Children's Health



Total Available	IGT Portion	Amount Collected	Amount Remaining	Potential	Total Potential
$120,650,699	$50,612,968	$108,833,654	$11,817,045	$10,950,193	$119,783,847
		90%			99.28%

Expansion and Innovation Achievement Examples

- LifePath Systems increased clinical staff from 20 to 35.
- LifePath Systems increased visits by 138% over pre-DSRIP visits to 61,668 and provided integrated care to over 1,000 clients previously not receiving adequate health care.
- Texoma Medical Center's primary care clinic provided care to over 7,000 reducing emergency care and preventable hospitalization.
- Children's Health now can provide an appointment within 2 days of an urgent care request to 94% of over 5,700 requests – focus on asthma.
- UTSW provided over nearly 3,000 individuals with Nurse Advice Line services previously not available.

Outcome Achievement Examples

- Some improvements in Quality of Life measures
- More children receiving earlier standardized assessments
- Diabetes and Hypertension patients improving their health status
- Increases in pneumonia vaccine rates
- Greater use of disease registries and care navigation systems

Changes to Projects

- Last year a portion of funding in Category 4 was shifted to Category 3 to emphasize clinical outcomes versus numeric reporting.
- Category 3 outcomes were split into pairs or quarters for refinement and funds were equalized across matching metrics to accommodate discrete populations .
- Some projects consolidated into one home RHP for reporting.
- DY6 QPI goals are the same as DY5.
- Stretch Activities or additional/different outcome metrics were added.

Assess the percentage of patients 18 to 75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: •Low-density lipoprotein cholesterol (LDL-C) screening performed •LDL-C control (less than 100 mg/dL)

Example of an outcome measure definition

Provider Challenges: Common Themes

- Recruiting, training and retaining specialized personnel
- Space limitations or physical plant problems or locations
- Maturing the infrastructure to support innovation and population outcomes reporting
- Limited cooperation in the community among non-DSRIP providers
- Outcome measures or assessments that do not fit the population
- Care coordination obstacles such as incompatible electronic health records

Audit Processes and Results

- All except one provider in RHP 18 successful thus far in responding to audits/reviews.
- One provider has potential recoupment of a portion of DY3 funds.
- Audits will continue.

Anchor Challenges and Accomplishments

Challenges

- Technical assistance to providers in a constantly changing environment
- Coordinating with providers around audit processes
- Working toward RHP-wide care coordination data systems
- Creating a vision and providing meaningful learning materials for providers

Accomplishments

- Submitted Learning Collaborative Plan
- Met all HHSC requirements for DY5
- Collaborated with RHPs 9 and 10 in two-day LC event
- Maintained clear and accurate information flow to providers
- Reviewed and commented on DY7-10 Program Funding and Mechanics Protocol

DY6 Total Available $ 33,869,447
Distribution of Values by Provider

Children's Health	LifePath Systems	Lakes Regional MHMR	Texoma Community Center	Centennial	Texoma Medical Center	UT Southwestern
$7,959,458	$12,294,144	$2,342,584	$4,117,777	$492,724	$5,000,000	$1,662,760
24%	36%	7%	12%	1%	15%	5%

DY6 Modifications in RHP 18

1. No provider's total projects values were reduced.
2. No projects were replaced.
3. Some projects were consolidated or merged with value being proportionately redistributed across new options.
4. Some Outcome Measures were changed.

Changes to Project Categories DYs 7-10

1. **Category A**: Required reporting including progress on Core Activities, Alternative Payment Models (APM), Sustainability Planning, Costs and Savings Strategies, CQI, and Collaboration Activities described in the PFM Protocol.
2. **Category B**: Medicaid and Low-income or Uninsured (MLIU); Patient Population by Provider (PPP)
3. **Category C**: Measure Bundles and Measures
4. **Category D**: Statewide Reporting Measure Bundle, similar to previous hospital Category 4 reporting expanded to include all Performing Providers.

Other Changes for DYs 7-10

1. **Metric bundles** are being developed by provider category (hospitals, behavioral health, academic health centers and physician groups)
2. **Pay for Performance and Pay for Reporting** with increased compliance monitoring
3. **Additional funds** approximately $1.3 Million are available in DY7
   - May be used for new or current providers
   - Based on Community Needs Assessment
   - Explain process
   - Conduct at least two public stakeholder meetings to determine distribution/use
4. **Anchor requirements**
   - Submit a Learning Collaborative Plan
   - Hold stakeholder forum to promote collaboration and proceedings must be used to inform the Learning Collaborative (LC) Plan
     - Update the RHP Plan
     - Post RHP Plan on website prior to forum
     - Community Needs Assessment (CNA) updated
     - Describe CNA process including feedback
     - October 2017 demonstrate fully implemented LC Plan and stakeholder forums

Concludes DY5 Report
Questions or Discussion

Following slides are from DY4 report for baseline reference points only

Provider Challenges Reported for DY4

- Specialty care is almost inaccessible.
- Diverting from emergency services and connecting post hospitalization are two of the most difficult areas to address.
- Sharing medical information electronically is virtually impossible across providers.
- Hiring, training, credentialing, and retaining healthcare personnel is difficult.
- Getting access to or collecting data on systems and health outcomes is a limitation.
- Creating culture change in the existing healthcare delivery environment is a constant challenge.

Major Accomplishments from DY4

- Formed collaborations and partnerships to expand services to other areas of the region
- Improved facilities and operations infrastructures
- Hired and trained additional healthcare professionals
- Developed innovative methods for engaging patients and families in self-managed care

Anchor Challenges reported for DY4

- Providers are under tremendous stress to perform.
- The Anchor is the communications link between HHSC and providers and must ensure complete, clear, accurate and timely information flow.
- Hospitals in RHP18 have limited involvement with DSRIP projects and provider organizations.
- The Anchor must constantly think ahead and consider the RHP as a whole system for population health outcomes and reporting.
- Monitoring, advising, reviewing and verifying bi-annual reports by providers
- Providing opportunities for providers to learn new methods and models

Anchor Achievements reported for DY4

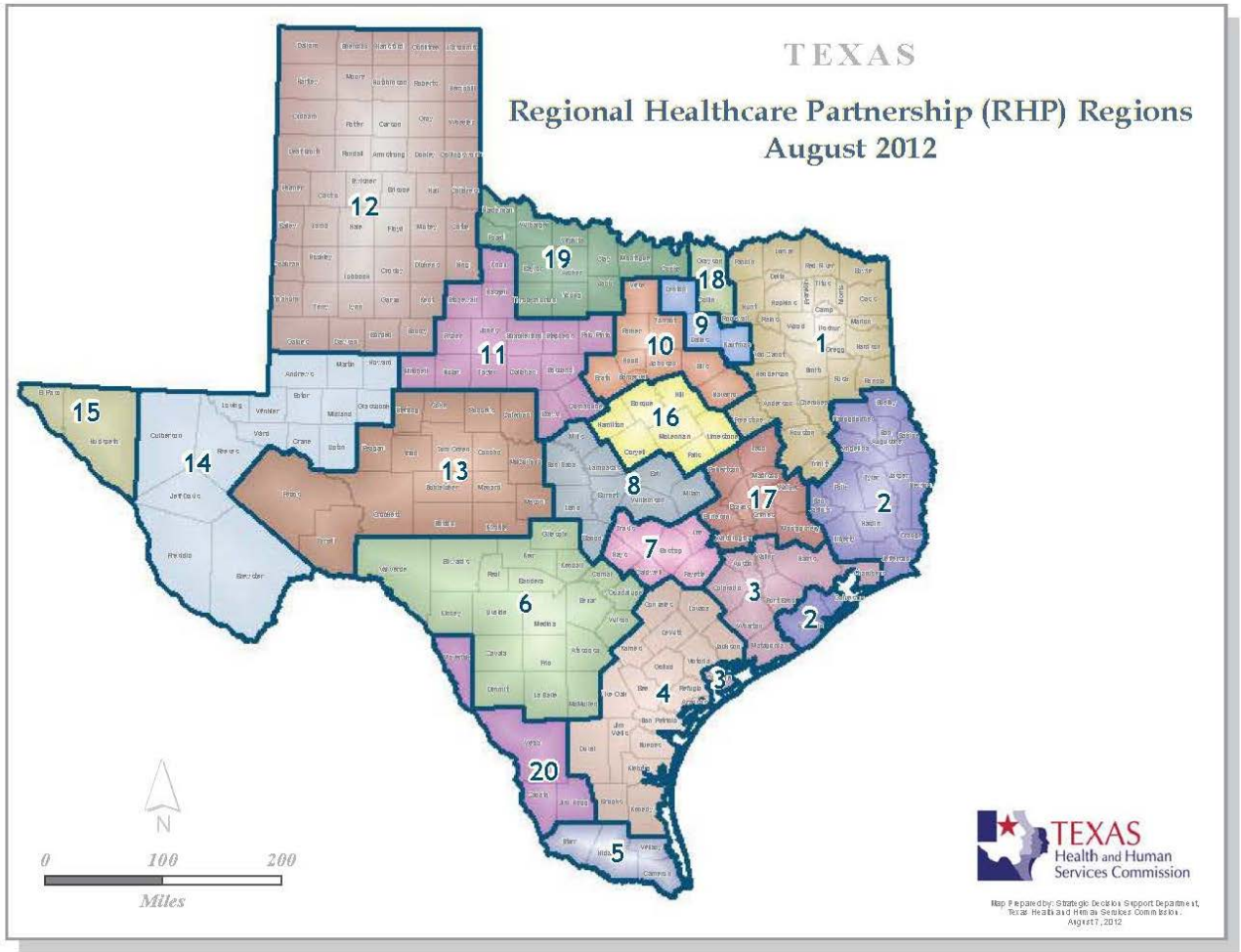
- Successfully conducted required 18 Learning Collaborative events and site-visits
- Participate in the annual statewide learning collaborative
- Provided effective coordination of communications with other RHPs for providers in multiple RHPs
- Created and maintain a required RHP 18 Website
- Provided problem solving support to providers on multiple occasions to ensure the success of their projects
- Coordinated the IGT process bi-annually
- Submitted Administrative Cost claims for the County

Major Accomplishments DY4

- Made primary care services more accessible
- Established services that existed elsewhere in the state but not in RHP 18
- Increased number of persons receiving services
- Improved health status of persons with multiple and varied chronic conditions

Summary DY4

- ✓ Successful completion of three (DYs 2 – 4) project years
- ✓ Unclear if all metrics will be met
- ✓ Payments are accurate
- ✓ Last reporting round for DY5 is October 2016
- ✓ Anchor Team holding Learning Collaborative events, site visits, and trouble-shooting and problem solving with all Providers
- ✓ Some project being consolidated across multiple RHPs
- ✓ Audits are on-going


TEXAS
Regional Healthcare Partnership (RHP) Regions
August 2012
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Miles
TEXAS
Health and Human
Services Commission
Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission,
August 7, 2012