# Partner Engagement Quarterly Update: DSRIP Transition

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# Agenda

- Welcome
- Transition Plan Status
- Milestone Progress Overview
- Best Practices Workgroup Updates
- Q&A

# DSRIP Transition Status

# DSRIP Transition Plan

**Texas must transition from DSRIP pool to sustainable reforms when DSRIP ends, September 30, 2021**

**By Oct. 1, 2019**

- HHSC submitted the draft transition plan to CMS per the waiver special terms and conditions*

**By Apr 1, 2020**

- HHSC and CMS must finalize the DSRIP transition plan

*DSRIP Federal Financial Participation (FFP) is at-risk if Texas fails to achieve milestones outlined in the plan*

# Transition Plan Status

- CMS has indicated they are ready to approve the Transition Plan but have not formally done so because of focus on the coronavirus pandemic.

- CMS offered HHSC the opportunity to amend milestone deliverable due dates, for which HHSC is at risk for Federal Financial Participation (FFP).

- In early August, HHSC requested approval from CMS of new due dates for Transition Plan milestone deliverables as a result of COVID-19 impacts.

| Transition Plan Goal and Milestone | Current Deadline | Revised Deadline |
|---|---|---|
| Advance APMs to Promote Healthcare Quality<br>• Milestone: HHSC advances Alternative Payment Models (APMs) in the Medicaid program and delivery system by updating the Texas Medicaid Quality Strategy and Texas Value-Based Payment (VBP) Roadmap to address program and stakeholder goals. | 12/31/20 | 3/31/21 |

| Transition Plan Goal and Milestone | Current Deadline | Revised Deadline |
|---|---|---|
| Support Further Delivery System Reform<br>• Milestone: HHSC identifies and submits to CMS any proposals for new programs, including state-directed payment programs, to sustain key DSRIP initiative areas. This would include programs that require an amendment to the Waiver to begin in DY 11. | 9/30/20 | 12/31/20 |

| Transition Plan Goal and Milestone | Current Deadline | Revised Deadline |
|---|---|---|
| Explore Innovative Financing Models<br>• Milestone:  HHSC assesses Texas' current financial incentives for Medicaid MCOs and providers to enter into meaningful quality-based alternative payment models and identifies potential opportunities to strengthen or align incentives. This work includes providing additional guidance to Medicaid MCOs and providers for allowable Quality Improvement costs to help sustain certain successful DSRIP strategies. | 3/31/21 | 6/30/21 |

| Transition Plan Goal and Milestone | Current Deadline | Revised Deadline |
|---|---|---|
| Strengthen Supporting Infrastructure to Improve Health<br>• Milestone: HHSC assesses the current capacity and use of telemedicine and telehealth, particularly in rural areas of Texas, to inform next steps to address access gaps. | 12/31/20 | 6/30/21 |
| • Milestone: HHSC identifies options for the Regional Healthcare Partnership structure post-DSRIP. | 3/31/21 | 6/30/21 |

# Milestone Progress Overview

# Advance APMs

**Deliverables:**

- Updated Quality Strategy and Value-based Purchasing Roadmap

**Progress:**

- Survey of MCOs regarding VBP was completed and is being analyzed. Survey of providers delayed due to COVID-19 but will be sent to DSRIP providers in August.

- The updates to the Roadmap and Quality Strategy are being drafted.

# Proposals for DY 11 and Post-Waiver

**Deliverables:**

- Proposals to sustain healthcare transformation post DSRIP [DY11 and post-waiver]

**Progress:**

- Continuing to analyze patient population, identify best practices, and develop financial modeling.

# DSRIP Data Analysis

**Deliverable:**

- Analysis of DY 7-8 DSRIP quality data

**Progress:**

- Team is drafting the report, which will be submitted to CMS as the deliverable for this milestone, as well as a required legislative report.

- It will include a summary of Core Activities and Related Strategies associated with successful provider performance on Category C measures, as well as a summary of providers' Costs and Savings analyses of their Core Activities.

# Explore Innovative Financing Models

**Deliverables:**

- Assessment of financial incentives for MCOs and providers in managed care
- Additional guidance for Quality Improvement costs

**Progress:**

- Research into other states' QI guidance completed
- Survey of MCOs on QI guidance complete and being analyzed
- Issues MCOs raised through the survey are being researched and preliminary guidance is being drafted for review.

# Cross-Focus Areas

**Deliverable:**

- Assessment of social factors correlated with Texas Medicaid health outcomes

**Progress:**

- The contracted assessment of Texas Medicaid social determinants of health (SDOH) for the children and adolescents, pregnant women, and adult populations is underway.

- Additional research and subject matter expertise on evidence-based best practices will focus on addressing SDOH in a Medicaid managed care environment.

# Assessment of Telemedicine

**Deliverable:**

- Assessment of telemedicine and telehealth capacity, particularly in rural areas of Texas

**Progress:**

- Conducting a second survey of rural hospitals and RHCs to assess current capacity and barriers to use of telemedicine in light of COVID-19
- Analyzing telemedicine utilization data in Medicaid and CHIP

# Options for RHP Structure

**Deliverable:**

- Identify options to maintain regional stakeholder collaboration consistent with approaches for sustaining delivery system reform

**Progress:**

- Conducted a survey of anchors and providers on the current structure and recommendations for post-DSRIP structure

- Reviewing options within the context of new program proposals under development

# Best Practices Workgroup

# Best Practices Workgroup (BPW)

**HHSC formed the BPW to engage DSRIP-specific stakeholders and build on DSRIP reporting data.**

- 84 total Workgroup members:
  - 65 DSRIP providers
  - 14 DSRIP anchors
  - 5 Executive Waiver Committee members
- Each Workgroup member selected two DSRIP Transition Focus Areas as areas of expertise
- Kicked off January 8, 2020

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# BPW Surveys Part 1

- ***Survey 1: Prioritizing Key Measures***
  - Out of 41 total measures, Workgroup members were surveyed to prioritize measures from DSRIP that have been key for driving improvements in health status of clients

- ***Survey 2: Prioritizing Key Practices***
  - Out of 40 total practices, Workgroup members were surveyed to prioritize practices from DSRIP that have been key for driving improvements in health status of clients

# BPW Surveys Part 2

- ***Survey 3: Stratifying Medicaid and Low Income/Uninsured (MLIU) Population Data and Exploring Organizational Factors***
  - In progress – distributed August 13, 2020 and will close by September 2, 2020 (11:59pm)

# Survey 1: Prioritizing Key Measures Results Overview Part 1

| Summary Table 1: Top 10 Prioritized Key Measures | |
|---|---|
| | **Measure Title** |
| **1** | Diabetes - HbA1c Poor Control |
| **2** | Diabetes - Blood Pressure Control |
| **3** | Cancer Screening (including breast, colorectal, and cervical cancer screenings) |
| **4** | Cardiovascular Disease - High Blood Pressure Control |
| **5** | Follow-up after Hospitalization for Mental Illness |
| **6** | Age-Appropriate Screening for Clinical Depression/ Suicide Risk (Adult, Child, and Adolescent) |
| **7** | Pediatric and Adolescent Immunization Status |

# Survey 1: Prioritizing Key Measures Results Overview Part 1

| Summary Table 1: Top 10 Prioritized Key Measures | |
|---|---|
| **Measure Title** | |
| **8** | Post-Partum Follow-up Care Coordination |
| **9** | Medication Reconciliation |
| **10** | Maternal Screening for Behavioral Health Risks |

- Additionally, there were 11 measures showing a lack of consensus among Workgroup members whether these measures were key for driving improvements in health status of clients; overwhelmingly, these 11 measures involved tracking a client's utilization pattern in the hospital or Emergency Department setting

# Survey 2: Prioritizing Key Practices Results Overview Part 1

| Summary Table 1: Top 10 Prioritized Key Practices | | |
|---|---|---|
| | **ID** | **Practice Description** |
| **1** | 5.2 | Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.) |
| **2** | 5.4 | Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.) |
| **3** | 4.4 | Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist |

# Survey 2: Prioritizing Key Practices Results Overview Part 2

| Summary Table 1: Top 10 Prioritized Key Practices | | |
|---|---|---|
| | **ID** | **Practice Description** |
| **4** | 5.3 | Automated reminders/flags within the E.H.R. or other electronic care platform (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.) |
| **5** | 4.1 | Same-day and/or walk-in appointments in the outpatient setting |
| **6** | 4.3 | Integration or co-location of primary care and psychiatric services in the outpatient setting |
| **7** | 5.5 | Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical social worker, etc.) |

# Survey 2: Prioritizing Key Practices Results Overview Part 3

| Summary Table 1: Top 10 Prioritized Key Practices | | |
|---|---|---|
| | ID | Practice Description |
| 8 | 5.1 | Culturally and linguistically appropriate care planning for patients |
| 9 | 4.2 | Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting |
| 10 | 6.1 | Panel management and/or proactive outreach of patients using a gap analysis method (i.e. strategically targeting patients with missing or overdue screenings, immunizations, assessments, lab work, etc.) |

# Survey 3: Stratifying MLIU Population Data and Exploring Organizational Factors Part 1

**Survey 3 Goals:**

1. To understand whether Medicaid and Low Income/Uninsured (MLIU) data on previously identified key measures and practices may be stratified by additional characteristics

2. To explore various factors influencing an organization's decision to adopt the previously identified key measures and practices.

# Survey 3: Stratifying MLIU Population Data and Exploring Organizational Factors Part 2

- Since DSRIP-reported data are only stratified by payer types (e.g., "Medicaid", "Low Income/Uninsured (LIU)", and "All-Payer"), Survey 3 helps HHSC understand whether Workgroup members can supplement this MLIU data with additional stratifications that may provide more insight into the populations that were served by DSRIP.

# **Questions?**

# Thank you

**Website & Draft Transition Plan:**
**https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition**

**Email:**
**txhealthcaretransformation@hhsc.state.tx.us**

# **Appendix**

# Draft Transition Plan Goals

1. Advance APMs to Promote Healthcare Quality

2. Support Further Delivery System Reform

3. Explore Innovative Financing Models

4. Cross-Focus Areas

5. Strengthen Supporting Infrastructure to Improve Health

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# Transition Plan Milestones

**2021 Texas Legislative Session**

**DY 11 (Oct. 2021 – Sept. 2022)**

## September 2020

- Identify and submit to CMS any proposals for new programs, including state-directed payment programs, to sustain key DSRIP initiative areas in DY 11 of current Waiver period

## December 2020

- Update the Texas Medicaid quality strategy and VBP Roadmap to address program goals and sustain key DSRIP initiatives.
- Assess the current capacity and use of telemedicine and telehealth, particularly in rural areas of Texas, to inform next steps to address access gaps
- Conduct a preliminary analysis of DY 7-8 DSRIP quality data and related core activities to outline lessons learned on health system performance measurement and improvement

## March 2021

- Assess Texas' current financial incentives for Medicaid MCOs and providers to enter into meaningful quality-based alternative payment models and identify potential opportunities to strengthen or align incentives
- Complete an assessment of which social factors are correlated with Texas Medicaid health outcomes
- Identify options for the Regional Healthcare Partnership structure post-DSRIP

## September 2021

- Identify and submit to CMS any additional proposals for new programs, including potential new Medicaid benefits, to sustain key DSRIP initiative areas that would start when the current waiver expires.

**Ongoing, Active Stakeholder Engagement**

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# Key Focus Areas for Post-DSRIP Efforts

- Sustain access to critical health care services

- Behavioral health (BH)

- Primary care

- Patient navigation, care coordination, and care transitions, especially for patients with high costs and high utilization

- Chronic care management

# Key Focus Areas for Post-DSRIP Efforts (cont.)

- Health promotion and disease prevention
- Maternal health and birth outcomes, including in rural areas of the state
- Pediatric care
- Rural health care
- Integration of public health with Medicaid
- Telemedicine and telehealth
- Social drivers of health

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