



DSRIP Update

DSRIP Program Update

In response to COVID-19, HHSC has worked closely with CMS to identify DSRIP program flexibilities for Demonstration Year (DY) 9. HHSC has received stakeholder feedback to waive certain Program Funding and Mechanics (PFM) Protocol authority and allowances for DY9 and will submit an official proposal to CMS mid-July.

Although CMS and HHSC have been focused on COVID-19 response, the DSRIP Transition milestone work is still progressing. At this time, the timelines for new program proposals remain unchanged.

Partner Engagement

Quarterly Meetings

The last Partner Engagement Quarterly Meeting was held on May 15, 2020. Slides from the presentation, along with the Partner Engagement Plan, are available on the [HHSC Waiver Renewal](#) website.

HHSC will be holding its next quarterly DSRIP Partner Engagement meeting via webinar on **Wednesday, August 26, 2020 from 2pm-3:30pm**. DSRIP partners can use [this link to register for the webinar](#).

Best Practices Workgroup

Since kicking off in January 2020, the Best Practices Workgroup has completed two surveys to prioritize measures and practices from DSRIP that have been key for driving improvements in the health status of clients, delivery system reform, and quality improvement. In both surveys, Workgroup members also prioritized key measures and key practices within Focus Areas.

In *Survey 1: Prioritizing Key Measures*, a total of 41 measures were included, representing DSRIP measures with higher priority measure classifications (e.g. clinical outcome measures as opposed to process measures) and higher priority focus areas for the state and/or CMS. Out of the 41 measures, Workgroup members prioritized 18 key measures with strong consensus and 12 key measures with weak consensus, while the remaining 11 measures showed a lack of consensus. Overwhelmingly, the 11 measures

lacking consensus were measures that involved tracking a client’s utilization pattern in the ED or hospital setting.

In *Survey 2: Prioritizing Key Practices*, a total of 40 practices were included, representing practices in DSRIP-reported data that were most commonly implemented by DSRIP Performing Providers and/or associated with the 18 “strong consensus” key measures identified in Survey 1 results. The table below shows the top 10 prioritized key practices. Although these are not the only key practices that may be driving improvements in the health status of clients, these prioritized key practices, including strategic population health management; care teams with dedicated social and cultural expertise in addition to medical expertise; and virtual and co-located integration of behavioral health services with physical health services reflect the delivery system transformation that should be sustained even after the DSRIP program ends.

Survey 2 Results: Top 10 Prioritized Key Practices
Practice Description
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.)
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.)
Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist
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.)
Same-day and/or walk-in appointments in the outpatient setting
Integration or co-location of primary care and psychiatric services in the outpatient setting
Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical social worker, etc.)
Culturally and linguistically appropriate care planning for patients
Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting
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.)

HHSC is currently discussing next steps and a subsequent survey topic for the Best Practices Workgroup.

DSRIP Transition Milestone Progress

HHSC has made progress on all DSRIP Transition milestones. Teams are researching various programs in other states, reviewing policy developments and health literature, and conducting analyses to inform potential new programs for Demonstration Years 11, 12, and beyond.

Analyses in progress:

- Collect and research state-wide and regional population and utilization data to inform the development of post-DSRIP program proposals.
- In June, the team met with key Local Health Department (LHD) stakeholders to discuss potential new program proposals and LHD capacity to meet certain participation requirements.
- In February 2020, DSRIP Anchors provided feedback on the existing Regional Healthcare Partnership (RHP) structure as part of the transition to post-DSRIP programs. The summaries of responses to two surveys are attached and will be posted to the [HHSC Waiver Renewal](#) website this week. HHSC will consider all responses as the agency develops post-DSRIP programs and operations framework.
- Costs and Savings reports submitted by providers are under final review by the DSRIP team. The results will be incorporated in the Rider 38 report to the Texas legislature and submitted to CMS as part of the DSRIP Transition milestone to support further delivery system reform.
- The survey on potential new Medicaid services and on billing practices was sent to DSRIP providers on May 5, 2020 and closed on June 2, 2020. The milestone team is analyzing the results to determine the services that will be prioritized for additional research.
- Managed Care Organizations responded to a survey regarding Alternative Payment Model (APM) opportunities and challenges. A survey for Medicaid providers will be distributed in July. The responses will support the Value-Based Purchasing (VBP) Roadmap and Quality Improvement cost guidelines; advancing two milestones.