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# Partner Engagement Quarterly Update: DSRIP Transition

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# Agenda

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



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# DSRIP Transition Status

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# DSRIP Transition Plan

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

**By Oct. 1, 2019**

- HHSC submitted 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*



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# Transition Plan Revisions

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- Clarified the state's commitment to advancing alternative payment models to promote healthcare quality
- Streamlined milestones to maximize efficiency
- Clarified that the HIE connectivity project will support future delivery system reform goals by reducing barriers to provider participation in data exchange
- Clarified that the telemedicine and telehealth assessment results will inform HHSC strategies for continuing to further develop delivery system reform post waiver and enhancing access to care



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# Transition Plan Status

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- CMS has indicated they are ready to approve the Transition Plan, but have not formally done so because of focus on the coronavirus pandemic.
- There are no penalties to HHSC for the delay in formal approval.
- CMS offered HHSC the opportunity to amend milestone deliverable due dates, for which HHSC is at risk for Federal Financial Participation (FFP).
- HHSC is assessing new deliverable due dates



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# Milestone Progress Overview

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# Advance APMs

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## Deliverables:

- Updated Quality Strategy and Value-based Purchasing Roadmap

## Progress:

- Presented concepts for the updated VBP Roadmap and Quality Strategy for feedback at the March Value-based Purchasing Quality Improvement Advisory Committee meeting.
- Survey of MCOs regarding VBP was completed and is being analyzed. Survey of providers delayed due to COVID-19.



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# Proposals for DY 11 and Post-Waiver

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## Deliverables:

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

## Progress:

- Analyzing data, including populations served, Medicaid utilization, DSRIP successes and benefits
- Working with cross-agency groups to assess potential proposals and fiscal impacts
- Reaching out to partners to aid in analysis
- Reviewing other state programs



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# DSRIP Data Analysis

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## **Deliverable:**

- Analysis of DY 7-8 DSRIP quality data

## **Progress:**

- Team is reviewing DY9 April reporting, which will provide most of a second year of achievement data
- Cost and Savings reviews underway are an integral part of the review and required legislative report



# Explore Innovative Financing Models

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## 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



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# Cross-Focus Areas

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## Deliverable:

- Assessment of social factors correlated with Texas Medicaid health outcomes

## Progress:

- Finalizing the scope of the contracted assessment of Texas Medicaid Social Determinants.
- Additional research into social determinants of health, including other state programs, evidence-based best practices, and successful DSRIP interventions



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# Assessment of Telemedicine

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## Deliverable:

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

## Progress:

- Conducted a survey of rural hospitals to assess current capacity and barriers to use of telemedicine
- Analyzing telemedicine utilization data in Medicaid and CHIP



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# Options for RHP Structure

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## **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



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# Best Practices Workgroup

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# Best Practices Workgroup (BPW) Part I

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

- Includes DSRIP participating providers, Executive Waiver Committee members, and anchors
- Each Workgroup member selected two Focus Areas to represent their areas of expertise
- Kicked off January 8, 2020



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# Best Practices Workgroup (BPW) Part II

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

- Have completed Survey 1, prioritizing measures from DSRIIP key to driving improvements in health status of clients
- Have completed first round of Survey 2, prioritizing the practices from DSRIIP key to driving improvements in health status



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# Survey #1 Results Part I

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**Using a Likert Scale method, of the 41 total surveyed measures**

- Strong consensus that 18 measures were key for driving improvements in the health status of clients
- Weak consensus that 12 measures were key for driving improvements in the health status of clients
- Lack of consensus whether the remaining 11 measures were key for driving improvements in the health status of clients

*The measures lacking consensus were predominantly measures involved with tracking a client's utilization pattern in the ED or hospital setting.*



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# Survey #1 Results Part II

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**Survey respondents also ranked measures within Focus Areas. Across all Focus Areas, the most frequently ranked measures were**

- Ranked #1: “Diabetes – HbA1c Poor Control”
- Ranked #2: “Diabetes – Blood Pressure Control”
- Ranked #3: “Body Mass Index Screening and Follow-up Plan”

*These top three ranked measures were also measures that showed strong consensus among respondents as being key for driving improvements in the health status of clients when using the Likert Scale methodology.*



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# Survey #2 – Key Practices

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- A total of 40 practices are included in the first round of Survey 2
  - In DSRIP, providers have reported on over 600 core activities and over 9,000 related strategies
  - The 40 surveyed practices represent the practices in DSRIP-reported data that were most commonly implemented by providers or associated with the 18 Strong Consensus key measures identified by BPW Survey #1
- Preliminary results show
  - Strong consensus on 11 key practices
  - Moderate consensus on 25 key practices
  - Weak consensus on 4 key practices



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# Best Practices Workgroup

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- Second round of Survey #2 is currently underway
- There is a wealth of additional detail on the practices implemented by DSRIP providers in the survey responses.
- Next Steps:
  - Analyze final results on Survey 2 key practices
  - Conduct additional targeted Focus Area subgroup calls as needed
  - Explore additional topics such as sustainability mechanisms for identified key practices
- Thank you to BPW participants and Joelle Jung and BPW team for all of the time and good work put into this workgroup.





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# Questions?

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# Thank you

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**Website & Draft Transition Plan:**

**<https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/waiver-renewal>**

**Email:**

**[txhealthcaretransformation@hhsc.state.tx.us](mailto:txhealthcaretransformation@hhsc.state.tx.us)**



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# Appendix

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# Draft Transition Plan Goals

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1

Advance APMs to Promote Healthcare Quality

2

Support Further Delivery System Reform

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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 Part I

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- 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



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# Key Focus Areas for Post-DSRIP Efforts Part II

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- 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

