

Partner Engagement Plan for Delivery System Reform Incentive Payment (DSRIP) Transition

December 2019

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Background

The DSRIP funding pool under the Texas 1115 Healthcare Transformation and Quality Improvement Program Waiver (waiver) ends on October 1, 2021. Section 37 of the waiver's Special Terms & Conditions (STCs) requires Texas to submit a draft transition plan to CMS by October 1, 2019¹, describing how the state will further develop its delivery system reform efforts without DSRIP funding when the pool ends. The draft plan must be finalized with CMS by March 31, 2020.

The transition plan includes milestones that Texas must meet to avoid significant financial penalties. The milestones lay the groundwork to develop strategies, programs, and policies to sustain successful DSRIP activities and for emerging areas of innovation in health care.

Partner engagement is critical to a successful DSRIP transition. This Partner Engagement Plan outlines how HHSC will, on an ongoing basis, collect input, data, and feedback from partners and communicate the agency's progress toward milestone achievement and sustainable, effective delivery system reform.

Partner Engagement to Date

Anchor Calls and Emails

Each Regional Healthcare Partnership (RHP) has designated an Anchoring Entity (anchor) to coordinate and monitor activities in their respective regions. HHSC maintains regular contact with anchors through bi-weekly telephone calls and correspondence. Information regarding DSRIP and DSRIP transition has been disseminated to anchors during these calls and anchors can ask HHSC questions regarding the information shared. Anchor call notes and e-mail updates are shared by the anchors with providers around the state.

Executive Waiver Committee

The Executive Waiver Committee (EWC)—comprised of associations, hospitals and health systems, academic health science centers, and other partners—has provided HHSC with valuable input throughout the waiver. Appendix A identifies the current membership of the EWC. Committee members provide expert advice and guidance on the DSRIP transition through quarterly meetings and provide proposals and feedback on transition activities and plans.

Proposal Solicitation

Partners were invited to submit proposals in October 2018 for programs that could be implemented post-DSRIP to further develop and sustain delivery system reform. HHSC received proposals, letters, and comments from more than 30 entities. This

¹ HHSC submitted the transition plan to CMS on September 30, 2019. Partner Engagement Plan for DSRIP Transition

input helped inform discussions with CMS and the development of the DSRIP transition plan and milestones.

Transition Update Webinars and Meetings

HHSC hosted webinars and meetings specifically focused on the DSRIP Transition to share information and obtain feedback (Table 1).

HHSC has also provided updates on the DSRIP Transition at various meetings of other organizations.

Statewide Learning Collaborative

HHSC has held a Statewide Learning Collaborative (SLC) for DSRIP partners each year since 2012, except in 2013, 2017 and 2018. The primary goal of the 2019 SLC was to highlight effective systems of care, analyze social determinants of health, and discuss next steps to further develop delivery system reform efforts without DSRIP funding when the pool ends. The event was webcast and approximately 450 DSRIP partners attended in person.

Transition Plan Feedback

HHSC released a draft of the DSRIP transition plan on August 1, 2019 and received feedback from approximately 80 partners. In response to comments, HHSC added two key focus areas to the plan, acknowledged additional challenges and benefits of DSRIP, and added specific deliverables for each milestone.

HHSC submitted the transition plan to CMS on September 30, 2019 and will continue to work closely with partners as it develops and implements project charters for each of the milestones.

Meetings with Providers, September-October 2019

After a kickoff meeting and webinar on August 26, 2019, HHSC staff met with provider groups to discuss their priorities for potential post-DSRIP programs to sustain delivery system reform, consistent with CMS guidance and requirements. HHSC met with the following groups (see Table 1 for dates):

- Rural Providers and RHPs
- Hospitals
- Physician Practices associated with Academic Health Science Centers
- Community Mental Health Centers
- Local Health Departments
- Physician Associations

Meeting summaries were shared with partners at an update meeting and webinar on October 14, 2019. HHSC is analyzing data and options that were identified through these meetings.

Table 1: DSRIP Transition Meeting and Webinar Dates

Event	Date
Webinar on how to submit DSRIP transition proposals	November 1, 2018
Presentation to EWC on how to submit DSRIP transition proposals	November 29, 2018
Presentation to EWC on a summary of transition proposals	February 28, 2019
Call with EWC on the DSRIP transition plan outline and budget neutrality	May 29, 2019
Draft DSRIP transition plan released for feedback	August 1, 2019
Webinar on the draft DSRIP transition plan to outline the transition plan requirements, summarize the draft transition plan and milestones, and inform partners how they could provide feedback	August 5, 2019
Kick-off meeting to initiate series of meetings with providers in September and October	August 26, 2019
2019 Statewide Learning Collaborative	September 4-5, 2019
Meeting with Rural Providers and RHPs	September 13, 2019
Meeting with Hospitals	September 17, 2019
Meeting with Physician Practices associated with Academic Health Science Centers	September 20, 2019
Meeting with Community Mental Health Centers	September 23, 2019
Meeting with Local Health Departments	September 23, 2019
Draft DSRIP transition plan submitted to CMS	September 30, 2019
Meeting with Physician Associations	October 4, 2019
Webinar and meeting to summarize the meetings with provider groups that took place in September-October 2019	October 14, 2019

HHSC Partner Engagement Plans

The DSRIP pool has had a significant impact on providers and communities. Approximately 300 participating Texas providers earned over \$16.3 billion in DSRIP funds from 2012 to July 2019, served 11.7 million people, and provided 29.4 million encounters from October 1, 2013 to September 30, 2017.²

The DSRIP pool is decreasing over the next two years before it ends on Oct. 1, 2021. HHSC understands that DSRIP performing providers and other partners are interested in sustaining impactful DSRIP work and continuing delivery system reform. HHSC will continue to work with partners to develop and propose sustainable and effective strategies to build on DSRIP successes of the past seven years and other health care innovations.

Key DSRIP Partners

DSRIP activities are performed across the state by DSRIP participating providers and are coordinated by anchors through the RHP structure. HHSC will continue to engage participants in the current DSRIP program—such as participating providers, anchors, transferring entities (intergovernmental transfer (IGT) entities that provide the non-federal share of DSRIP payments), and EWC members—through the DSRIP transition. As the state further develops and sustains delivery system reform post-DSRIP through the Medicaid program, HHSC will also collaborate with additional partners, such as Medicaid managed care organizations and private physicians.

Key DSRIP transition partners include:

- DSRIP Performing Providers
 - o Hospitals (public, private, rural)
 - Community Mental Health Centers
 - o Local Health Departments
 - Academic Health Science Centers
 - o Private Physician Groups
- Anchors
- Executive Waiver Committee (EWC) (See Appendix A)
- Intergovernmental Transfer (IGT) Entities
- Member Associations

² The numbers of people served and encounters provided are for demonstration years (DYs) 3-6 and are not unduplicated counts.

- American College of Obstetricians and Gynecologists
- American College of Physicians
- Children's Hospital Association of Texas
- Federation of Texas Psychiatry
- Teaching Hospitals of Texas
- Texas Academy of Family Physicians
- Texas Association of City & County Health Officials
- Texas Association of Community Health Plans
- Texas Association of Counties
- Texas Association of Health Plans
- Texas Association of Voluntary Hospitals
- Texas Conference of Urban Counties
- Texas Council of Community Centers
- Texas Hospital Association
- Texas Medical Association
- Texas Organization of Rural & Community Hospitals
- Texas Pediatric Society
- Managed Care Organizations (MCOs)
- Advisory Committees
 - Behavioral Health Advisory Committee
 - o E-Health Advisory Committee
 - Hospital Payment Advisory Committee
 - Medical Care Advisory Committee
 - Public Health Funding and Policy Committee
 - State Medicaid Managed Care Advisory Committee
 - Statewide Behavioral Health Coordinating Council
 - Texas Diabetes Council
 - Value-Based Payment and Quality Improvement Advisory Committee

Goals & Objectives

On an ongoing basis, HHSC will engage with partners on the DSRIP transition to obtain relevant input, data, analysis, and feedback, and to share information and provide regular updates on progress.

Throughout the DSRIP transition planning and implementation, HHSC will provide opportunities for partners to:

- Provide expertise and informed feedback on sustaining delivery system reform.
- Provide information, data, and analysis to inform decision-making.
- Participate in workgroups and review and comment on draft deliverables and proposals.
- Contribute to DSRIP transition plan milestone deliverables.

HHSC Partner Engagement Activities

The DSRIP transition plan milestones lay the groundwork to develop strategies, programs, and policies to sustain successful DSRIP activities and for emerging areas of innovation in health care. HHSC is developing implementation plans to achieve each milestone, which will include specific partner engagement tasks. These tasks will be aggregated and released as an Addendum to this Partner Engagement Plan for DSRIP Transition.

HHSC will apply lessons learned and best practices from DSRIP to determine specific strategies and interventions to achieve sustainable and effective delivery system reform. HHSC is establishing a Best Practices Workgroup, as described below, to inform evaluation of DSRIP activities by supplementing formal DSRIP reporting.

HHSC will continue providing regular updates through existing channels, including EWC meetings, anchor calls and emails, meetings with CMS and MCOs, and topic-specific webinars. In addition, HHSC will initiate monthly email updates and quarterly meetings open to all partners specific to the DSRIP transition.

Milestone Project Plans

To achieve DSRIP transition plan milestones, HHSC will engage with providers, MCOs, and other partners—separately and together as appropriate—to further discuss milestone-specific options and logistics for further developing and sustaining delivery system reform. There will also be meetings across provider types to identify opportunities for collaboration.

Specific plans for these meetings or other partner engagement activities will depend on milestone needs and will be detailed in the Addendum to the DSRIP Transition Partner Engagement Plan. While the Best Practices Workgroup will be focused on DSRIP provider-specific experiences, partner engagement for milestone plans will be broader than historical DSRIP activities and will include other areas of innovation.

Best Practices Workgroup

The Best Practices Workgroup will help evaluate DSRIP activities associated with improvement in key outcomes, identify recommended mechanisms for sustainability, and provide insight to build on the DSRIP reporting data that will be evaluated as part of DSRIP transition plan milestones.

Best Practices Workgroup membership will include current (DY7-10) DSRIP Performing Providers, current (DY7-10) DSRIP Anchors, and Executive Waiver Committee members with direct DSRIP experience in DY1-8. Other partners may be included in other milestone-specific meetings that will also support the completion of DSRIP transition plan milestone deliverables.

Best Practices Workgroup members will have clinical, IT, or administrative expertise to provide feedback on identified best practices, bring additional provider-specific data to support best practices, and advise on the technical aspects of sustainability. Options for sustaining best practices could include quality-based directed payment programs, value-based payment models, changes to Medicaid benefits or policies, or new programs.

HHSC will receive input from the Best Practices Workgroup through teleconferences, written communication, and in-person focus groups as needed. Additionally, Best Practices Workgroup members may be included in targeted meetings based on key focus areas of the DSRIP transition, as listed below, or other specialized topics.

Key Focus Areas of the DSRIP Transition:

- Sustain access to critical health care services
- Behavioral health
- Primary care
- Patient navigation, care coordination, and care transitions, especially for patients with complex conditions that have high costs and high utilization
- Chronic care management
- 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

On November 22, 2019, HHSC released a request for nominations for membership for the Best Practices Workgroup, which is scheduled to begin meeting in January 2020.

Partner Meetings and Scheduled Updates

Quarterly

- Broad partner meetings to provide updates on progress, discuss coordination, and obtain feedback
- EWC meetings
- CMS and HHSC meetings to report progress and obtain direction on initial proposals
- Regular MCO meetings

Monthly

• Monthly email or webinar update, as appropriate, to DSRIP partners

Bi-weekly

- Best Practice Workgroup meetings every other week or written communication of updates and additional targeted meetings as needed
- Anchor calls every other week

Other Meetings and Activities (as needed)

- HHSC will meet with IGT entities to discuss options and logistics for non-federal share of funding for potential new proposals
- Other meetings as needed

Appendix A

Executive Waiver Committee Members

- o Catholic Hospital Association (CHRISTUS Health)
- Center for Public Policy Priorities
- Children's Hospital Association of Texas
- County Judges and Commissioners Association of Texas
- Harris County Hospital District
- Hidalgo County (former representative for Texas Association of Local Health Officials)
- JPS Health Network
- o Parkland Hospital & Health System
- o South Texas Hospital Coalition/Doctor's Hospital at Renaissance
- Teaching Hospitals of Texas
- o Tenet Health
- Texas A&M Health Science Center
- Texas Association of City & County Health Officials
- Texas Association of Counties
- Texas Association of Voluntary Hospitals
- Texas Council of Community Centers
- o Texas Essential Healthcare Partnerships
- Texas Hospital Association
- o Texas Medical Association
- o Texas Organization of Rural & Community Hospitals
- University Health System
- UT System
- UT System-University of Texas Health Science Center