M-10 Anchor Survey Responses

In February 2020, HHSC requested feedback from DSRIP Anchors on the existing Regional Healthcare Partnership (RHP) structure as part of the transition to post-DSRIP programs. This task is directly tied to Milestone 10: *RHP Structure Post-DSRIP* which seeks to assess the benefits of having a formal RHP structure post-DSRIP to advance regional collaboration and continued delivery system reform. HHSC appreciates Anchors who took time to respond to the survey. HHSC will consider all responses below as the agency continues to develop post-DSRIP programs and operations.

Fourteen of 20 regions submitted feedback to the survey (total of 15 responses), most of which are comprised of both rural and urban areas. Responses were generally in support of continuing the RHP function post-DSRIP, though there was some uncertainty on how this structure would look in future programs. The RHP structure's positive impact on information sharing and collaboration between providers was a major theme throughout the Anchor survey responses. Anchors largely agreed that the RHP structure played a significant role in the success of DSRIP, citing increased collaboration, technical assistance, communication, and learning collaboratives as major achievements of the program.

The most common responses to the Anchor survey are included below.

As an Anchor, how has your region benefitted from a formal RHP structure?

Fourteen of 15 respondents answered this question.

- The majority of responses indicated an increase in networking in the region by sharing knowledge and collaborating with regional organizations, developing new partnerships, incentivizing innovation, developing best practices, and/or sharing resources. This may be especially helpful for rural providers.
- A few Anchors indicated that the RHP structure has allowed for open communication regarding regional successes, challenges, lessons learned, and ideas. These benefits were also mentioned as results of Community Needs Assessments and regional learning collaboratives.
- A few Anchors indicated that the formal RHP structure connected the region and the entire state by facilitating collaboration among Anchors from different regions.
- Multiple Anchors stated that the formal RHP structure helps providers navigate an administratively complex program by having Anchors in a position to provide assistance reviewing provider's reporting submissions and helping anchors interpret program requirements.
- Two Anchors stated that the formal RHP structure allows for a single point-of-contact for the region that is accessible to all stakeholders, resulting in more consistent communication and better-informed stakeholder groups. In addition, Anchors can act as the primary contact for providers in their region and can be a liaison and champion for the providers in their interactions with HHSC, which may result in the provider receiving a quicker response from HHSC.

If you are also a provider, how has your organization benefitted from a formal RHP structure?

Twelve of the 15 respondents answered this question.

- Most providers indicated an increase in networking in the region by sharing knowledge and collaborating with organizations within and outside the region, developing new partnerships, developing best practices, and/or sharing resources (including the recruitment of specialty care providers for rural hospitals).
- Two providers indicated that the RHP structure has allowed for open communication regarding regional successes, challenges, lessons learned, and ideas.

- Two providers stated that the formal RHP structure allows for a single point-of-contact for providers in the region that is accessible and knowledgeable, allowing providers in the region to efficiently and effectively connect with other providers, resolve issues, and gain insights that had not been considered previously.

Please describe the most valuable activities you performed as an Anchor.

All fifteen respondents answered this question.

- The majority of Anchors indicated that one of the most valuable activities performed by the Anchor is facilitating collaboration among providers and providing information and/or education to providers in the region and/or across the state, including sharing best practices and innovative ideas.
- Most Anchors also stated that they helped providers navigate an administratively complex program by reviewing provider's reporting submission and helping providers interpret program requirements.
- Some Anchors indicated that regional learning collaborative opportunities and the technical assistance provided during those sessions was a valuable activity performed by the Anchor.
- Some Anchors stated that one of the most valuable activities performed by the Anchor is providing a single point-of-contact for the region and between the region and the state that is accessible to all stakeholders, resulting in more consistent communication and better-informed stakeholder groups.
- Two Anchors stated that providing open communication regarding regional successes, challenges, and lessons learned was a valuable activity performed by Anchors.

What additional supports would you have liked to offer your region as an Anchor?

Fourteen of 15 respondents answered this question.

- Four Anchors indicated that the support offered was consistent with the needs of the providers in the current DSRIP program. Two of those Anchors would like to re-evaluate the level of support offered based on the design of any new programs implemented in place of DSRIP.
- A few Anchors indicated that they would have liked to provide additional administrative support for program reporting and requirements and additional IT support for Category C specifications, setting-up data collection, and extracting data.
- A few Anchors indicated that they would have liked to provide additional insight to providers on current activities at the state/federal level regarding the waiver, transition, IGT requirements, Managed Care Organizations and legislation.

Some Anchors also suggested future supports they would like to offer in their regions:

- Multiple Anchors stated that they would like support providers in care coordination throughout the region utilizing HIE-like systems that can connect small and large organizations. This would help providers share data in order to better navigate patients across systems.
- Multiple Anchors indicated that they would like to create a local, regional plan that has both incentives and penalties based on performance to focus on developing local resources for the future and avoid providers working in silos.

If you selected 'Yes' or 'No' on continuing the RHP structure, please explain why. If 'Unsure', what additional information would you need to make a decision?

All fifteen respondents answered this question.

- Five of the 15 respondents were "unsure" of whether the RHP structure should continue post-DSRIP.

- Multiple respondents questioned what the role of managed care organizations will be and whether they would have an expanded role post-DSRIP.
- Multiple Anchors had concerns about not knowing what future programs will be, whether regional data will be required and if so, the continued need for regional level collaboration. One Anchor stated that some information sharing and collaboration can likely continue post-DSRIP, though will likely dwindle with time.

- Ten of the 15 respondents indicated that the RHP structure should continue post-DSRIP.
  - Most Anchors stated that there were benefits of increased communication, regional standards and expectations, and engagement between local providers and hospitals (particularly hospital groups and rural communities) that should be continued to reform healthcare long-term.
  - Multiple Anchors stated that the structure led to collaboration and sharing of best practices (access to care, continuity of care, and improved outcomes) for the MLIU population. Some of these benefits include better tracking of patients in regions, identifying community needs, and developing local plans to address those needs.
  - Multiple Anchors indicated the structure serves as local resource for providers to direct questions, share resources, and resolve issues. One Anchor had concerns that HHSC would not be able to provide this level of technical assistance to providers in future programs.

Why would or wouldn't valuable activities be difficult to coordinate without the RHP structure?

All fifteen respondents answered this question.

- All respondents stated that valuable activities would discontinue without a formal RHP structure.
- Most Anchors agreed that without state mandates and a unifying theme, providers are less likely to focus on clinical learning, common goals (i.e., targeting prevalent conditions), and regional collaboration.
- Without dedicated staff and funds, most Anchors stated that learning collaboratives would be discontinued.
- Multiple Anchors stated that providers taking part in the transition programs may need additional supports from Anchors such as technical assistance, education and problem solving.
- Multiple Anchors stated that their RHP's providers are unified by an understanding of the unique needs of the population they serve, and the RHP structure has been a great way of defining those geographical areas for the MLIU population.
- A few Anchors had concerns regarding rural providers being able to collaborate the same way they have during DSRIP. There was also discussion of rural and urban communities having an incentive to work together.

Please explain why you would or wouldn't continue to coordinate regional meetings without a formal RHP structure.

All fifteen respondents answered this question.

- A few respondents stated they would continue to hold regional meetings or calls without a formal RHP structure for as long as there was interest due to the importance of having a unified voice regarding federal and state programs would continue.
- Most Anchors stated they would not continue to hold regional meetings without a formal RHP structure.
  - Most respondents felt that without the learning collaborative requirement, providers would not prioritize attending regional meetings. In addition, a common concern was that regions would also not have staff or resources to plan the regional meetings without state mandate and funds.

- Multiple anchors stated that they would try to continue having small regional events or calls/webinars that would include many of the same providers, but they would not be comparable to the current regional meetings.

If an RHP structure is required post-DSRIP, please explain why you would or wouldn't like the regions to align with SDAs.

All fifteen respondents answered this question.

- Seven Anchors indicated that any post-DSRIP RHP structure should align with service delivery areas (SDAs). Respondents stated that this alignment would help working relationships with MCOs, standardize reporting processes (especially if payments are through MCOs), and may create a more cohesive regional network that would drive healthcare transformation at a greater scale.
- Eight respondents indicated that any post-DSRIP RHP structure should not align with SDAs.
  - Most Anchors were concerned that such a large number of providers would be difficult to coordinate, and local concerns and focus on specific demographics would be lost if the larger SDA structure was used. This concern was especially pronounced for needs of rural areas that would be combined with large urban regions.
  - Two Anchors were concerned that the SDA study completed as directed by the 86th legislature does not support the move to align with SDAs as changes to those regions may be forthcoming.

Additional Comments

- Multiple Anchors requested that HHSC inform Anchors of the decision regarding RHP structures as soon as possible so that they and their staff can plan accordingly.
- One Anchor noted that only 6% of DSRIP funds went to rural areas where 10% of the state's population lives. The Anchor cited New York and California as having invested a significant amount of resources into their rural areas, and the hope is that future programs do the same in Texas.
- Another Anchor stated that post-DSRIP program will not be claims-based (like UHRIP) and will require rural providers to coordinate and collaborate to achieve outcomes. Ideally participants would have benefits to participate but would not have to have an entire department dedicated to the program. This would alleviate some administrative burdens on rural systems.
- One Anchor suggested a hybrid model, where some funding and opportunities are made available for Anchors to continue as communication and collaboration coordinators and hosts. This limited capacity may assist Anchors in maintaining staff during this time with reassurances to both existing staff and future recruits.